# KEGISTER.

A Weekly Journal of Medicine and Surgery.

Published under the auspices of the American Medical Press Association.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.

Vol. XXII. No. 15.) Whole No. 657.

180

31

off

Res

Ref

NEW YORK AND PHILADELPHIA, APRIL 11, 1891.

Yearly Subscription \$3.00, in advance.
Single Numbers 10 cents.

# Physical Exhaustion. HORSFORD'S ACID PHOSPHATE.

It is a well known physiological fact that the phosphates are involved in all waste and repair, and are consumed

with every effort. The quantity secreted by the kidneys is increased by labor of the muscles.

In the healthy organization the phosphate of lime exists in the muscles and bones. This phosphate is supplied by this preparation in such form as to be readily assimilated.

Dr. J. P. Cowles, Camden, Me., says: "I have used it in cases of physical debility arising from exhaustive labits or labors, with beneficial results."

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except

Prepared under the direction of Prof. E. N. HORSFORD, by the

RUMFORD CHEMICAL WORKS, Providence, R. I.

BEWARE OF SUBSTITUTES AND IMITATIONS.

CAUTION. Be sure the word "HORSFORD'S" is printed on the label.

(COUGH AND CONSTITUENT)

For the Prevention and Cure of

FORMULE:

### COUGH TABLETS.

EACH TABLET CONTAINS Morph. Sulph. ( $\frac{1}{36}$  gr.), Atropiæ Sulph. ( $\frac{1}{340}$  gr.), Codeia ( $\frac{1}{35}$  gr.), Antimony Tart. ( $\frac{1}{36}$  gr.), Ipecac, Aconite, Pulsatilla, Dulcamara, Causticum, Graphite, Rhus-tox, and Lachesis, fractionally so arranged as to accomplish every indication in any form of cough.

### CONSTITUENT TABLETS.

Arsenicum (h gr.), Precipitate Carb. of Iron, Phos. Lime, Carb. Lime, Silica, and the other ultimate constituents, according to physiological chemistry (normally), in the human organism, together with Caraccas, Cocoa and Sugar.

PRICE, THREE DOLLARS PER DOUBLE BOX,
Containing sufficient Tablets of each kind to last from one to three months according to the condition of the patient.

SPECIAL OFFER

WHILE the above formulæ have been in use, in private practice, over 30 years, and we could give testimonials from well-known clergymen, lawyers and business men, we prefer to leave them to the unbiased judgment of the profession with the following offer: On receipt of 50 cents, and card, letter-head, bill-head, or other proof that rice, Three Dollars), containing sufficient of each kind of Tablets to test them three months (in the majority of cases), in one one case. Card, letter-head, or some proof that the applicant is a physician in active practice, Must accompany each application. Pamphlet, with full particulars, price list, etc., on request.

As we furnish no samples through the trade, wholesale or retail, for samples, directions, price list, etc., address,

LO. WOODRUFF & CO., Manufacturers of Physicians' Specialties, 88 Maiden Lane, New York City.

# THE SANITARIUM,

ATLANTIC CITY, N. J.,

Situated on South Rhode Island Avenue, opposite United States Government Light House, is now open to receive patients or convalescents. It has all the modern conveniences and good sanitary arrangements, with special care in the preparation of the diet for the sick.

It is open all the year, is well heated, well ventilated, and with abundance of sun-light. Cases of nervous prostration and convalescents can here find all the attention, comforts and attractions of a home, with constant professional supervision; free from restraint and with care and skilful nursing by thoroughly trained nurses that cannot but produce the best results.

The apartments are cheerful and well furnished, and each patient has a private room and quiet seclusion.

No infectious diseases are received, and the number of cases is limited. The surroundings are attractive, with varied views and walks, offering a pleasant and healthful resort free from malaria.

It is near the ocean, and located in the most retired part of the city, far from the excursion houses, and convenient to railroad stations.

Any communication addressed as above will receive immediate attention from

R. S. WHARTON, M.D.

Lei che me les cip Too pour fee on me sa

# GOUDRON DE BLOUNT

PREPARED FROM THE GENUINE CAROLINA TAR.

DOSE.—One fluid drachm four or more times a day, (as indicated) either full strength, diluted, or, in combination.

INDICATIONS.—Chronic and acute affections of the Air Passages, Coughs, Colds, Bronchitis, Asthma and Consumption.

WILLIAM MURRELL, M.D., F.R.C.P.,
Lecturer on Pharmacology and Therapeutics at the Westminater Hospital; Examiner in Materia Medica to the Royal College of Physicians of London; Fellow of the Medico-Chirurgical College of Philadelphia,

Says:—"I have used with success 'Qoudron de Blount." The results have been good, and the preparation is popular with patients."

PREPARED EXCLUSIVELY FOR PHYSICIANS' PRESCRIPTIONS BY

R. E. BLOUNT, 23 RUE ST. ROCH, PARIS.

WHOLESALE AGENTS FOR UNITED STATES AND CANADA.

BATTLE & CO

Clinical Notes sent on Application.

RATION, ST. LOUIS, MO.

# THE CHAMPION TRUSS Stands at the Head. It Leads. Others Follow. SPECIAL MEDAL. 1876. WARDED TO THE M.A. COV. TRADE AND TRUSS WARRANTED. 1876. AND TRUSS WARRANTED. 1876.

The Best, Sudent and Earlest
Trace to Fit and Wear is the CHAMPION TRUSS.
Mannfoctures of Genuine Hard Rabber and all kinds of Spring and Elastic Tracece, Ab
deminal Supporters, Elastic Stockings, Shoulder Braces, Suspensary Bandages, and Head
estimate Supporters, Elastic Stockings, Shoulder Braces, Suspensary Bandages, and Head

Philadelphia Truss Co., 610 Locust St. Phila., Pa.
For Sale by all Localing Drug and Surgical Instrument Houses throughout the United State
Price Lists and Chalenge on application.

# GONORRHŒA

GONORRHOEA, GLEET, and all other urethral diseases, can be most successfully treated by using Soluble Medicated Bougies. A compact little pamphlet of 24 pages, on "THE TREATMENT OF GONORRHOEA AND ITS SEQUELE," by means of medicated bougies, containing many valuable hints on treatment, will be sent free, together with samples of the bougies, to any physician who will mention THE TREES AND REGISTER, and enclose his business card or letter heading.

Address, CHARLES L. MITCHELL M.D.

Manufacturer of Soluble Medicated Gelatine Preparations,
1016 Cherry Street, Philadelphia.

STABLISHED 16 YEARS,

# COLDEN'S LIQUID BEEF TONIC.

AN INVALUABLE AID IN MEDICAL PRACTICE.

Colden's Liebig's Liquid Extract of Beef and Tonic Invigorator.

Essentially different from all other beef tonies. Universally endorsed wiseding physicians.

This preparation, consisting of the Extract of Beef (prepared by Baron shirts process), the best Brandy obtainable, soluble Citrate of Iron, Cinhona and Gentian, is offered to the Medical Profession upon its own series. It is of inestimable value in the treatment of Debility, Convascue, The Consumption, Nervous Weakness, and maladies requiring a build and Nutrient. It is quickly absorbed by the Stomach and upper ortion of the Alimentary Canal, and therefore finds its way into the cirnhation quite rapidly.

COLDEN'S LIQUID BEEF TONIC appeals to the judgment of intelli-

By the urgent request of several eminent members of the medical pro-besion. I have added to each wineglassful of this preparation two grains of Soluble Citrate of Iron, and which is designated on the label "With Iron, No. 1;" while the same preparation Without Iron, is designated on the label as "No. 2."

In prescribing this preparation, physicians should be particular to mention "COLDEN'S," viz. "EXT. CARNIS FL. COMP. (COLDEN)." A sample of COLDEN'S BEEF TONIC will be sent free on application, to say physician (enclosing business eard) in the United States.

Sold by druggists generally.

C. N. CRITTENTON, General Agent, 115 Fulton Street, M. Y.

# GLENN'S SULPHUR SOAP.

BEWARE OF COUNTERFEITS

sicians know the great value of the local use of Sulphur in the ent of Diseases of the Skin.

# CONSTANTINE'S PINE-TAR SOAP.

THE BEST SOAP MADE.

been on trial among physicians for very many years as a healing By far the Best Tar Soap Made.

WHOLESALE DEPOT

C. N. CRITTENTON, 115 Fulton Street, N. Y. Samples of above Scape SENT FREE, on application, to any Physics according card.

### PROF. S. ASHER,

Teacher of FASHIONABLE DANCING,

Natatorium Hall, Broad Street, below Walnut, Philadelphia.

leing a member of the Society of "Professors of Dancing" of New it City, enables me to introduce all the Latest Fashionable Dances taught and danced in New York and Eastern Cities.

CLASS ARRANGEMENTS.

Ladies and Gentlemen.—Tuesday and Thursday evenings, from

For Ladies and Gentlemen.—Tuesday and Thursday evenings, from until 10 o'clock.
Private class for Ladies and Gentlemen now forming.
For Misses and Masters.—Wednesday and Saturday afternoons from until 5 o'clock. Classes always open for beginners.

Beccial arrangements made for private classes in or out of the City.
All the fashionable dances, including the Gilde, Heel-and-Toe, Glide Wits, Varovienne, Schottische, Minuet, German, etc., taught by an righal method. Glide Walts a Specialty, and taught in 3 to 5 private

Bons.
Classes for Young Ladies, Misses and Masters, every Saturday morning ton to to 2. Private class for Children (4 to 6 years) a Specialty, Class w Young Ladies every Wednesday, from 5 to 6. Private lessons any hour, day or evening, to suit the convenience of the apil. Personal attention given to classes at Residences, Seminaries, in riost of the city, at reasonable terms.

# Notes and Items.

THE RISE AND PALL OF DETROIT'S MCGINTY.

Up popped a Chineeman from nobody knew where (His knowledge, yclept "medical," attenuate as air)
With a love of American gold
He gulled the dear old public to the topmost of its bent.
Till all Pooldom's population to his "parlors" daily went,
For the people do love to be sold.

He'd gaze at them with eyes that were Celestial in their slant, And sling his "Pigeon English" in a sounding chop stick

This Chipee man, smiling and bland. He'd tell them they were full of some three-syllable com-

plaint, Then with Nature's Herbal Remedies their stomachs he would paint,

Till he thought they had all they wouldstand.

Their pictures filled the dailies with a wondrous, wide-eyed

But when for the originals you sought—they were not there; And the Public caught on to the trick.

"Your Yankee manager has worked us quite a Said they: "Your Yankee manager has worked us quite a while,
And your China tea pot costume matches well your fan and

But you've bagged all the birds you can."

### CHORUS FOR LAST VERSE.

Now down goes the Gun Wad to the bottom of the ranks; For we've found the Chinee out,

And will put him soon to rout. So down goes the Gun Wad to the bottom of the ranks, For the people are tired of his pranks.

-Pharmaceutical Era.

# PLANTEN'S CAPSULES

H. PLANTEN & SON (Established 1836), NEW YORK. CAPSULES

9 Since: 3, 5, 10 and 15 Min., and 1, 24, 5, 10 and 15 Gram.

IMPROVED EMPTY CAPSULES v. 8 Since; Liquids, 8 Since; Rectal, 3 Since; al, 9 Since; Horses and Cattle, 6 Since; Veterinary Rectal, 3 Since.

Capsules for Mechanical Purposes.

PLANTEN'S SANDAL CAPSULES have a WORLD REPUTATION for RELIABEL Special Recipes Capsuled. New kinds constantly added.

Send for Formula Lists of over 250 kinds.

SOLD BY ALL DRUGGISTS

Samples and Formula Lists Free.

# SALINE AND CHALYBEATE TONIC TABLETS.

(Formula, Austin Flint, M.D., LL.D.)

### ATE TONIC SALINE AND CHA

Sodii chloridi (C. P.) . . . . gr. 3 Potassii chloridi (C. P.) . . gr. 3-20 Potassii sulph. (C. P.) . . gr. 1-10 Potassii carb. (Squibb) . . gr. 1-20 Sodii carb. (C. P.) . . . gr. 3-5 Calc. phoa, præcip. . gr. 1-20 . gr. I-2 . gr. 1-20 Perri redacti (Merck) . . . gr. 9-20 Ferri carb. . . . . . . . gr. 1-20 Sodii carb. (C. P.) . . . . . gr. 3-5

To make one tablet.

Two tablets three times a day after eating.

As prepared by Wanier & Imgard, in form of a white sugar coated tablet, easily disintegrated and most agreeable form for administration.

Reprint of original article ("New York Medical Journal," May 18, 1889) furnished on application.

WANIER & IMGARD,

1822 Broadway, and Lenox Avenue and 125th Street.

# Notes and Items.

THE COUNTRY DOCTOR.

BY ONE WHO KNOWS.

When the winds blow, And the blinding snow Beats pitilessly in his cold face, He must take the road To some humble abode. To visit some charity case.

When the winds roar, When the rains pour, No shelter or rest for him. Be it dark or light, Be it day or night, No rest for each weary limb.

When snug in bed He pillows his head And hears the storm whistle abroad, The unwelcome "Hello!" Resounds at his door, To summons him forth to the road.

A long, weary ride To some one's bedside, He plods on through mud and mire;

PROCTER,

Late of oth & Lombard, APOTHECARY, 1900 Pine Street. PHILADELPHIA.

PRESCRIPTIONS.

Relieves them of pain, And starts off again; And starts off again Never expected to tire.

For months and for years,
'Till the white locks appear,
He toils thus throughout his life;
And when rest doth come,
And he is laid in the tomb,
What is left for his children and wife?

His total assets
Are a lot of bad debts,
Worth a cent on the dollar, perhaps; And all of his fame-His honor and name

Is worth to them hardly two snaps.

The Country Doctor.

HE: "You say you are quite well, madam: so how do you happen to be at this watering place?"

She: Ah, my poor Charles had overworked himself, and ought to have taken an outing, but he couldn't get leave of absence, so I decided that I at least, would come here."

FRIENDLEE: "You aren't going into the pawnbroker's business, are you? What on earth have you got those three white balls over your door for?"

Druggist: "Oh, that's to advertise my new 'three of a kind pill.' Take three pills, three times a day, three minutes after eating, three days in succession, and I'll warrant them to knock out any full house of kidney, liver, blood and stomach disorders."—Pharmaceutical Era.

## PRIVATE SANITARIUM.

For Medical and Surgical treatment of Disetses of Women DR. E. E. MONTGOMERY,

1818 Arch St., Phila.

Alohol and Opium Cases.

Private Apartments in the homes of physicians (but one case in each) with every convenience, and all modern appliances for treatment. Strict privacy guaranteed. Skilled attendance. Address, William F. WAUGH, M.D., 1725 Arch St., Philadelphia, Pa.



# The BEST WINTER HOME for Invalids in the Northern States. THE BATTLE CREEK SANITARIUM,

Located at Battle Creek, Mich.

This is not a hospital, an invalids' home, a mineral spring establishment, or a health resort; but a scientific medical establishment in which are combined the advantages of the best sanitary conditions, a steady but not extremely cold winter climate, Baths, Electricity, Massage, Movements; and all the physiological remedies in every form, with all other approved remedial arrangements, Classified Dietaries, Gymnastic Training, careful supervision. Well trained and experienced Physicians. Skilled Attendants and Nurses. Incurable cases not received.

THE SANITARIUM HOSPITAL offers to surgical cases, especially in gynecological surgery, advantages which are unexcelled in this country. 10,000 cubic feet of air per hour for each patient. Expenses, and thoroughly aseptic methods in operations. Unexcelled success. Private room and nurse for each patient, the comforts of home, with hospital and sanitarium advantages.

EXPENSES, \$12 to \$30 a week.

For descriptive circular and further particulars, address

or J. H. KRILOGG, M.D., SUPE, Battle Creek, Mich.

# RESTORATIVE WINE OF COCA.

For Keryous Prostration, Brain Exhaustion. Neurasthenia, and all forms of Mental and Physical Debility.

Now McMULLIN Manager

This WINE OF COCA is so prepared that it contains the active principle of the leaves in a pure form. Moreover, it is absolutely free from all those foreign substances which all other coca contain, and which interfere, to a great extent, with its curative influence. It is wall know the cocaline contains the new considerably in its proportion. It is wall know where we estimately saids uncertain strength, and counting them to be unreliable in their action gratum. In the RESTORATIVE WINE OF COCA the proportion of alkaloid is invariable, or physician can, therefore, prescribe it with the certainty of obtaining uniform results.

Prof. WIL A. HAMMOND, E.D., says: A wineglassful of this tonic, taken when exhausted and worn out, sets as a most excellent restorative; it gives a feeling of rest and results in cases of depression of spirits; in hysteria, heedachs, and in nervous troubles generated the salence. It produces also expect the salence of depression of spirits; in hysteria, heedachs, and in nervous troubles generated the salence of the salenc

"Febricide" will be found to be possessed of great curative power in Mahrial affections of any kind, and in all inflammatory disease of which Fever is an accompaniment. For Heuralgia, Muscular Pains, and Sick Headache, it is a Specific.

# FEBRICIDE.

A Complete Antipyretic, a Restorative of the Highest Order, and an Anoodyne of Great Curative Power.

Prof. WH. F. WAUGH, M.D., of Philadelphia, writes: In a case of persistent negle headache, worse on awakening, with a possibility of malaria, "Febricide" gave instant relief.

No. 100 W. 7th STREET, CINCINHATI, O., Nov. 9, 1
On Povember 6th I was called in commitation to see Mr. W., who was sing from the most viciont attack of ASTHMA, the paroxysm so frost that suffectation seemed only a matter of a little time. We gave him one that suffectation seemed only a matter of a little time. We gave him one that suffectation seemed only a matter of a little time. We gave him one that suffectation and ordered how overy two hours; ordered hot mustard bath; his dector remained with him. I returned per request in seven hours are suffered to the suffered me, felt first DR. D. W. Hecket

Spanneyisw, Nas., November 25, 1881
I have used your FEBBICIDE with excellent results in our Mountain Fevers (typhoid), reducing in one case, the temperature from 104% with dry brown furried tongue in ten hours, to 30% with tong cleaning promptly and moist, and rapid improvement dating therefrom. Have used Antipyrine similar cases with no good results.

ALBERT S. WARNER, M.D.

# NATROLITHIC SALT.

Containing Sulphate of Soda, Carbonate of Soda, Phosphate of Soda, Chloride of Sodium, Sulphate of Line, Sulphate of Magnesia, and Carbonate of Lithia. For Habitual Constitution, Bhoumatic and Gouty Affections, Biliousness, Corpulence, Dyspepsia, and all Derangements of the Digestive Tract, it is a wonderful remedy. Does not gripe after administration.

a wonderful remeay. Does we grap upon a GRAND RAPIDS, HIGH., October S, 1880.

"Febricide Pills" have been used in a case of CHILLS from SEPTIC POISON ING and worked to perfection, as they stopped them entirely where ordinary QUININE HAD PAILED. Also kept down the temperature O. E. HERRICK, H.D.

Samples will be sent free of charge to any Physician who may wish to examine the same.

HEALTH RESTORATIVE CO., 90 South 5th Ave., New York,

# Dr. Knorr's

SOLUBLE IN COLD WATER.

The best known of all modern antipyretics; has a world-wide reputation.

Antipyrine reduces temperature quickly, safely, and without any secondary effects.

Recommended in Diseases of Childhood, Typhold Fever, Erysipelas, Acute Rheumatism, Phthisis, HEADACHE, MIGRAINE, Hay Fever, Asthma, Seasickness, WHOOPING-COUGH, DIABETES.

DR. GERMAIN SEE, PARIS, Prefers ANTIPVEINE to Morphine in Hypodermic Injections, to relieve pain. The Academy of Medicines, Paris, in their especially published pamphlet, December 17, 1889, say reveatedly: The effects of ANTIPYRINE in treating INFLUENZA are wonderful.

J. MOVIUS & SON, New York, Successors to LUTZ & MOVIUS.

SOLE LICENSEES FOR THE UNITED STATES OF AMERICA.

### MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.

The Regular Session begins October I, 1890, and continues until the middle of April. It is preceded by a Preliminary Session of three weeks diollowed by a Spring Session lasting until the middle of June.

Seats are issued in the order of matriculation, and are forfeitable if fees are not paid before November I.

Preliminary examination, or equivalent degree and three years graded course, obligatory.

Instruction is given by lectures, recitations, clinical teaching, and practicable demonstrations. In the subjects of Anatomy, Pharmacy, Physics III, Sygiene, Therapeutics, Histology, and Pathology, the usual methods of instruction are largely supplemented by laboratory work.

Ramminations are held at the close of each Regular Session upon the studies of that term. Although the degree of Doctor of Medicine is control at the end of the third year, a fourth year is earnestly recommended, at the end of which the degree of Doctor of Medicine cum laude is given FEES.—Matriculation, \$5; first and second years, each, \$75; third year (no graduation fee), \$100; fourth year free to those who have attended the Regular Sessions in this school, to all others, \$100. Extra charges only for material used in the laboratories and dissecting room. For further formation or announcement address, R. R. MONTGOMERY, M.D., Secretary, Medico-Chirurgical College, Cherry St., below 18th St., Fhila., Pa.

Exercise not for strength but for health -Isocrates.

NINTH SEASON

# SANATORY GYMNASIUM-SARGENT SYSTEM,

1420 CHESTNUT STREET, PHILADELPHIA.

To the Profession: I shall be glad to take charge of any of your patients, whom you may wish to take physical error for the treatment of chronic heart or lung disease, a disordered liver, constipation, dyspepsia, insomnia, chorea, rheums m, paralysis, spinal curvature, or any acquired physical deformity.

Respectfully, W. A. FORD, M.D.

REFERENCE BY PERMISSION: D. HATES ACREW, M.D., J. M. DACOSTA, M.D., DEFORMER WILLIAM, M.D.

# THE BOOK TRUST KNOCKED OUT.

# A Card to the Public.

Some six months ago we began the publication of our reprint of the famous Encyclopædia Britannica in 25 volumes, which we issued at \$1.50 per volume. The price of the English edition always has been and still is \$8.00 per volume, and the Scribner edition \$5.00 per volume in the cheapest binding.

That the public appreciate so great a bargain, is shown by the fact that over half a million volumes of this reprint have been sold in less than six months.

This elegant new edition we still offer at the same price, \$1.50 per volume. This is the greatest bargain ever known in books.

Better still, we will deliver the set complete on small easy payments, to suit the convenience of customers.

Remember this is not an abridgment, but the great Edinburgh ninth edition, repreduced page for page, with important articles on American subjects rewritten to date by eminent American authors, and new maps, later and better than in any other edition.

SPECIAL OFFER.—We claim that our reprint compares favorably with the highpriced editions in every respect, and in respect to maps, and strength and beauty of bindings is superior to them. In order that this claim may be tested by a personal inspection we make the following proposition: We will furnish volume I at 60 cts.—a fraction of actual cost-if sent by express. Add 40 cts. postage if wanted by mail. Amount paid for Volume I will be credited on price of set when ordered.

# R. S. PEALE & CO.,

315-321 Wabash Ave., Chicago.

NEW YORK.

GEO. WHARTON McMULLIN, Manager.

A LCOHOL INSIDE OUT. By Dr. H. Chenery, Boston, Mass. Cloth, Price, \$1.50, postpaid.

NOHRER'S CHART OF DISEASES OF THE HAR. Price, to cents each. \$1.00 per 100, in tablets.

SHOEMAKER ON SAIN DISEASES. Cloth, Price, \$5.00.

00

DURCHASING AGENCY for articles required by the Physician.

AN EXCELLENT URINOMETER.
Price, \$1.00.

ON SALE.—Trommer's Physicians' Duplicating Prescription Blanks.

WOOD'S MEDICAL, LIBRARY.—A full set of 36 volumes (1879-80-81),
Volumes look almost new. Will sell for \$25.

WHAT TO DO IN CASES OF POISONING. By Dr. Wm. Murrell, of London. Edited by Frank Woodbury, M.D. Cloth, Price, \$1.00, postpaid.

PRACTICAL ELECTRO-THERAPEUTICS. By Wm. F. Hutchinson, M.D. Cloth Price, \$1,50, postpaid.

MANUAL OF GYMECOLOGICAL OPERATIONS. By J. Halliday Croom, M.D., F.R.C.S., Ed. Revised and Enlarged by I. S. Mc-Murtry, A.M., M.D. Cloth, Price, \$1.50, postpaid.

A CHRAP FOUNTAIN PRN.
Price, 50 cents, postpaid.

A GOOD RELIABLE AND HANDY HYPODERMIC SYRINGE.
Price, \$1.50, postpaid.

AN EXCELLENT AND ACCURATE CLINICAL THERMOMETER. Price, \$1.50, postpaid.

ON SALE-JEROME KIDDER AND BARRETT BATTERIES.

EARTH IN SURGERY (Second Edition). By Adding Hewson, M.D. Cloth, Price, \$1.00, postpaid.

ESIONS OF THE VAGINA AND PELVIC FLOOS. By H. Hadra, M.D. Cloth, Price, \$1.75, postpaid.

THE DERMATOGRAPH.
Price, 25 cents, postpaid.

W ANTED.—\$50.00 will be given by regular physician of seven years' practice (three in public and private insane asylums), to person who secures for him a satisfactory position, in or near New York City preferred as assistant in public or private asylum, or as partner or sistant to physician with large practice. Best of reference given and required. Address, "GOVERNMENT PHYSICIAN," Physicians Supply Co.

Physicians Supply Co. ADIES: New Medical Guide, by Drs. Pancoast and Vanderbe Cloth, price, \$2.50 postpaid. A valuable book for every woman.

FOR SALE.—An established practice and corner drugstore, in a growing town of 2,000 to 3,000 population, but one other doctor and drugstore; fifteen miles from Philadelphia, on Main Line of R. R. Price for all, including office furniture, 8,100,00

This is a good chance for a live man. Address Physicians Supply Co.

THE SELF-LIGHTING POCKET LAMP.
Price, 50 cents, postpaid. VACCINE VIRUS on sale at regular rates, both Human and Bovine.

MASSEY ON DISEASES OF WOMEN Price, \$1.50, post paid.

OR SALE-Books of a physician lately deceased. Send for circular.

OR SALE—A New "ALLEN SURGICAL PUMP," for \$18; Cost \$25; C. R. Mariette

FOR SALE OR EXCHANGE.—Complete Oxygen and Nitrogen Mos-oxid Aparatus for office use—cost over \$100—Frice, \$70. Good as new. Also a History of Rome, 6 large volumes, cost about \$100, more than \$100, one Best Morocco Buggy Case, 14x9\\$10\\$10, containing 44 glas-atopograd bottles, 4 jars, mortar and pestle, tray for scales, and space for instruments. Cost \$21; will sell for \$10 Good as new.

ON SALR.—As "Allen Surgical Pump." Worth 365 will sell for

WANTED to purchase good-will of a practice of over \$2,500 a year, in a R. R. Village of 800 to 2,000 inhabitants. New England or Middle States preferred. "Would take charge of a practice for 3 or 4 months."

Address, with full particulars.

Care Physicians Supply Ca.

# Blue Mountain House, washington county, no.

- New and Elegant Summer Resort.

NEAR THE SUMMIT OF THE BLUE RIDGE MOUNTAINS.

COMMANDING A MAGNIFICENT VIEW OF

# Sw Cumberland and Shenandoah Valleys.

No Malaria.

"

-

D.

similar total straint to

No Mosquitoes. Always Gool. Situation Unsurpassed.

INCE the Opening Season of the Blue Mountain House (June, 1885), it has met with continuous success and prosperity, and the management hopes for the same encouragement during the present season. It will be open for the reception of guests, June 24, and is within easy reach of Baltimore, Washington and Philadelphia.

The largely increased patronage has necessitated extensive improvements, and it now has a capacity for the accommodation of 400 guests. Modern improvements and conveniences have been brought into requisition, with special regard to ensure the health, comfort and safety of all.

The House is furnished in the most luxurious manner throughout, has large rooms, en suite or single, with commodious closets and wardrobes, electric bells, elevators, steam heaters, hot and cold baths, gas, steam laundry, stand pipes with hose at various points on each floor.

modious closets and wardrobes, electric bells, elevators, steam heaters, hot and cold baths, gas, steam laundry, stand pipes with hose at various points on each floor.

All its appointments are first-class, and its cuisine and service second to none in the United States or elsewhere. The sanitary arrangements have been carefully planned and constructed. Resident physician, express, telegraph and post-office.

Pure soft mountain spring water in abundance. Tennis, croquet and archery grounds. Extensive lawns, handsomely laid out in walks, terrace, etc. Livery stable. Beautiful scenery in every direction. Well-graded roads and drives to Mt. Quirauk, High Rock, Pen Mar, and other famous points of interest, which are in the immediate vicinity.

The table will be furnished with the best the city markets afford, and daily supplied with fresh vegetables from the fertile Cumberland Valley, and with fresh milk from the model dairy farm of Mr. G. S. Haines.

THE CARROLLTON. BALTIMORE, MD.

The Blue Mountain Orchestra will furnish music during the season. Season, June 24 to September 30.

J. P. SHANNON. MANAGER.

A Most Useful Compound for Headache, Neuralgic Pains, Irritable Stomach. Cardiac and Nervous Depressions, and Mental Exhaustion.

- Wampole's Granular Effervescent -

# Take The Popular Company to the City of dian ed le diwire nelle

Dosz.—A heaping teaspoonful (containing 15 grains Bromide of Sodium, 1 grain Bromide of Caffeine, 3 grains Antipyrin) in half a glassful of water, may be repeated every hour until the desired result is obtained.

Antipyrin, Sodium Bromide, Caffein Hydro-Bromate.

Granular Effervescing Bromo-pyrine o (large 4 oz.), per dozen, \$10.00; retail 0 price, \$1.25.

Granular Effervescing Bromo-pyrine o (small 2 oz.), per dozen, \$6.00; retail price, 75 cents.

DISCOUNT, 10 PER CENT.

0000000000000000000 PREPARED SOLELY BY Henry K. Wampole & Co., Manufacturing Chemists,

PHILADRIPHIA.

000000000000000000000 A full line of Effervescing Saits, comprising all known combinations. Quotations cheerfully furnished for Salts in bulk. In Bulk, \$2,25 per pound, net.

# REED & CARNRICK WILL NEVER ADD ANY NEW PREPARATIONS TO THEIR LIST UNLESS THEY POSSESS IMPORTANT POINTS OF SUPERIORITY OVER THOSE IN USE BY THE MEDICAL PROFESSION FOR SIMILAR PURPOSES.

WE ARE CONFIDENT that the following preparations for the purposes described are superior to any therapeutic agents known to the Medical Profession, or are presented in more elegant form for administration. We will forward a sample to any Physician without charge.

# ZYMOCIDE (ANTISEPSINE)

**PANCROBILIN** 

CORDIAL ANALEPTINE CORRIGENT PILLS

SULPHO-CALCINE

LACTO-PREPARATA

CARNRICK'S FOOD

SULPHUR-TARTRATE TABLETS

COD LIVER OIL and MILK

VELVET-SKIN SOAP

VELVET-SKIN POWDER

For Leucorrhea, Catarrh of the nasal organs, stomach or bladder, and all diseases of the mucous surfaces, or whenever a non-toxic, antiseptic and detergent preparation is required.

For Intestinal Indigestion, Constipation and to increase fatty tissue. The price of Pancrobilin has been reduced 33 per cent.

For Rheumatic and Gouty Diathesis and excessive Urates.

For imparting tone to the system, increasing the appetite, improving the digestion, enhancing the functions of assimilation and blood-making, and removing malarial and other taint from the blood.

For dissolving the diphtheritic membrane and for treating diseases of the mucous surfaces. Valuable in parasitic skin diseases.

For the feeding of Infants from birth to six months of age. The only All-Milk Food prepared for Infants.

For Children from six months to fifteen months of age.

For Biliousness, Torpid Liver, Skin Diseases, Pimples and Imperfect growth of the nails and hair.

For all purposes where Cod Liver Oll is indicated. The most palatable and digestible preparation in the market.

For making the skin soft. It is a perfect Soap for Infants and all Tollet Purposes. It is made only from Vegetable Oils.

For Infants and all Tollet Purposes. It excels all others in delicacy and fragrance. Contains no starch or deleterious substances.

Send for pamphlet giving minute formulas and full description of each preparation.

REED & CARNRICK, P. O. BOX 3042, NEW YORK.

# THE FIRST RAW FOOD EXTRACT.

(Introduced to the Medical Profession in 1878.)

# BOULUE

THE VITAL PRINCIPLES OF BREF CONCENTRATED.

CONTAINING 26 PER CENT. OF COAGULABLE ALBUMEN.

AN IDEAL FOOD.

HETE WELLSHAM TERE

181

ES

de-

ara-

iced

tes

ite.

of als-

ting

of

and

The ket.

eta-

ele-

₹.

PALATABLE.

KEEPS PERFECTLY.

BOVININE consists of the Juices of Lean Raw Beef obtained by a mechanical process, neither heat nor acid being used in its preparation. The nutritious elements of lean raw beef are thus presented in a concentrated solution, no disintegration or destruction of the albumen having taken place. The proteids in solution amount to 26 per cent. of the weight of the preparation, and give to it the great dietetic value it possesses in all conditions where a concentrated and readily assimilable food is needed.

BOVININE is easily digested and COMPLETELY absorbed from the intestinal tract, thus furnishing an extremely valuable nutrient in Typhoid Fever, after surgical operations in the abdominal regions, in all diseased conditions of the intestinal tract characterized by ulceration or acute and chronic inflammation, and in diarrhosic complaints.

BOVININE, containing as it does all the nutrient properties of lean raw beef in a highly concentrated form, furnishes to the Medical Profession a reliable and valuable aid to treatment in Phthisis, Marasmus of both young and old, in all wasting diseases, in continued fevers, and in supporting treatment.

BOVININE, on account of its BLOOD-MAKING PROPERTIES is especially of service after surgical operations, in cases of severe injuries attended with great loss of blood, and in the puerperal state.

BOVININE, for rectal feeding, is unsurpassed in excellence, having been used for weeks continuously with no irritation or disturbance resulting. The most satisfactory results from its use as an enema are obtained by adding to each ounce of BOVININE ten grains of Pancreatic Extract and two ounces of water. This should be well mixed and injected slowly. No preparation of opium is necessary in the enema.

SAMPLES will be furnished to any member of the Medical Profession free, carriage paid, upon application to the company.

PREPARED ONLY BY

# THE J. P. BUSH MANUFACTURING CO.,

CHICAGO and NEW YORK, U.S. A.

Depot for Great Britain:

32 SNOWHILL, LONDON, E.C.

# WM. PROCTER JR. CO. () 7

PHILADELPHIA.

# Effervescent Aperient Phosphates

NEEDS ONLY A TRIAL.

Aperient - Laxative - and - Hepatic - Stimulant.

CONCENTRATED.

# VINUM DIGESTIVUM

A SATURATED ACIDIFIED SOLUTION OF PIRE PEPSIN.

More than ten years since this preparation was introduced to the profession, and we are pleased to be able to state that it is still the favorite with the large number of physicians who have tested and found its unfailing digestive power. — Apepsia and Indigestion in its various phases, and especially as they occur in infancy, indicate its administration.

MANUFACTURED SOLELY BY

WM. PROCTER, JR., Co.,
All Druggists. PHILADELPHIA.

# DR. BRUSH'S KUMYSS

from the intestinal tract, thus furnishing an

"KUMYSS is, among the Nomads, the drink of all children, from the suckling upwards; the refreshment of the old and sick, the nour-ishment and greatest luxury of every one."—DR. N. F. DAHL'S report to the Russian Government, 1840.

I WOULD also allude to cases of diarrhoea and vomiting, and of indigestion dependent on nervous disturbances during the later months of pregnancy. I had two cases during the past summer, both were rapidly declining in strength; they failed to be benefited by remedies suggested by other physicians, as well as myself, until they were placed on KUMYES, when the improvement was rapid and permanent. Very truly yours, ARCH M. CAMPDELLE, M.D.

Farms and Laboratory,

MOUNT YERNON, N. Y.

# SANITAS DISINFECTANTS

4'SANITAS" IS PREPARED BY OXIDISING TERPENE IN THE PRESENCE OF WATER WITH ATMOSPHERIC AIR.

## "SANITAS" DISINFECTING FLUID.

An aqueous extract of Air Oxidised Terpene. Its active principles include Soluble Camphor (C<sub>10</sub>H<sub>16</sub>O<sub>2</sub>) Peroxide of Hydrogen and Thymol.

Invaluable to the Physician for Internal or External Applica-

### "SANITAS" DISINFECTING OIL.

Air Oxidised Terpene. Its active principle is Camphoric Peroxide (C<sub>10</sub>H<sub>10</sub>O<sub>4</sub>) a substance which produces Peroxide of Hydrogen when placed in contact with water or moist surfaces (wounds, mucous membranes and other tissues).

For Furnigations and Inhalations in the Treatment of Throat and Lung Affections the Oil only requires to be evaporated from boiling water.

"Sanitas" is Fragrant, Non-poisonous and does not Stain or Corrode. It is put up in the form of

FLUIDS, OIL, POWDERS AND SOAPS.

For Reports by Medical and Chemical Experts, Samples,
Prices, etc., apply to the Factory,

636, 638, 640 & 642 West 55th Street, NEW YORK.



CLOSED CELL POCKET BATTERY

conditions where a conce

Physicians and family ilsa.
The most Complete, Convenient and Reliable Bartery in the market for the Cure of Disease; can be carried in surp position, with the cells charged and ready for immediate use. One Cell Battery, Complete, 47.50; Two ditto, 410; Typiet ditto, 411.

An Receto-medical Guide Convenient Processition and Convenient Co

HE MRY SCHWINDT, Mnfr. 610 Eighth Avenue, NEW YORK.

ESTABLISHED 1818.

# MAKER OF FINE SHOES

FOR MEN AND WOMEN,

23 S. Eleventh St., Philadelphia

We Make Shoes

which Insure

HEALTH, EASE & COMFORT

Ready-made or to Measure.



Illustrated Catalogue sent on application.
TELEPHONE NO. 2812

# paroxysm and treatment during the interval b

Y.

Vol. XXII, No. 15. NEW YORK AND PHILADELPHIA, APRIL 11, 1891. Whole No. 65.

e patiente de olde e du sayonne ne	ii easimmadii easimmada saamaa ii	During an attack of asthma, we w
CLINICAL LECTURE.  BRONCHIAL ASTHMA. By J. M. Anders,  W.D	Hemorrhage from Uterine Fibroids. Ass- vis	Hysteria. Charcot 305 Alcohol in Albuminuria. Gusich 305 Nightmare. Bamford 308 Gleet. Stadek 308
ORIGINAL ARTICLES.  THE HYGIENE OF EVERY DAY LIFE. By Daniel Strock, M.D 297 A GLORIOUS SUNSET. By S. V. Clevenger, M.D. 299 INTERNAL URETHROTOMY: WITH CASES. By J. V. Prewitt, M.D., West Point, Ky. 300  SOCIETY NOTES.  GYMECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE 301 Occlusion of the Os Uteri During Four Days' Parturition. Neale 301 The Induction of Premature Labor in Contracted Pelves. Williams 301 THE POLYCLINIC.  IMPPERSON MEDICAL COLLEGE HOSPITAL: Incontinence of Urine, Rex 304	ANNOTATIONS.  To Effect a Permanent Organization of Licensing Boards	Spontaneous Combustion. Reynolds
Hydrocele, Keen   304     Neuralgic Pains   304     Simple Goitre   304     Cancer of the Pylorus   304     Pneumonia   304     Cysittis, Brinton   304     Filiform Bougies, Brinton   305     For Atonic Dyspepsia, Brubaker   305	Institutul de Chirurgie, Anul 1890-91 - 307 The Year book of Treatment for 1891 - 307 Manual of the Domestic Hygiene of the Child. Uffelmann - 308 THE MEDICAL DIGEST. Comparison of the Ocular Troubles in Locomotor Ataxia, Multiple Scierosis, and	Tuberculosis in Children. Bolts - 3th Phthisis in High Altitudes in England - 3th Mucous Polypi in Frontal Sinus. Hulke - 3th Aphorisms in Medical Emergencies. Kempf 5th MEDICAL NEWS AND MISCELLANY, 6th ARMY, NAVY, AND MARINE HOSPITAL SERVICE - 3th NOTES AND ITEMS - iv, xiv

# Clinical Lecture.

### BRONCHIAL ASTHMA. ModeolA

an shortd nBy J. M. ANDERS, M.D., for to mad an

Professor of Clinical Medicine, Medico Chirurgical College. Physician to Episcopal and Philadelphia Hospitals.

HIS patient possesses several features of clinical interest.

Master B., age seventeen years. Since he was four years of age he has suffered from oft-repeated attacks of difficult breathing. These attacks, from their croupous character were often mistaken for attacks of pseudo membranous laryngitis when he was younger. The attacks occur nightly for periods of from seven to ten days, and are then succeeded by periods of the same length of time, during which no disturbance of breathing occur. The attacks begin at about 2 or control in the magning and last in some cases, 3 o'clock in the morning, and last, in some cases, during the greater part of the day. In other cases the invasions of suppressed breathing are over by early morning. When the patient suffers from slight colds these attacks are more frequent and severe. His

father has, at times, suffered from rheumatism and from gout. The father's sister gives a history of epilepsy, or of epileptiform convulsions.

The patient wakes from sleep feeling a sense of auffocation—a shortness of breath. The attack is not preceded by a feeling of constriction of the throat nor by iching of the skin nor executation of gas, as nor by iching of the skin, nor eructation of gas, as we frequently find in these cases.

This case is one of bronchial asthma.

These cases of asthma are characterized by succeeding attacks of difficult breathing coming on, in nearly all cases, after midnight. The attack lasts until morning, and in some cases during the day lested

The patient feels as if the windpipe was stopped up, and he, himself, hears a wheezing, blowing noise, during expiration.

As the attack of asthma terminates a large amount of mucus is expectorated.

The subjective symptoms, in this case, point most

positively to the existance of asthma. Now, asthma may exist as a distinct and separate

disease; or, it may be a symptomatic affection, occurring in the course of certain diseases, such as emphysema, cardiac or renal diseases.

In this patient, the early age at which the disease began, and the history of the disease, enables us to exclude emphysema as being the primary disease.

Physical Examination.—Inspection shows but a very slight prominence of the ribs in front of chest. We observe a slight pulsation at the epigastrium-this may be due to nervousness, to displacement of the heart, or to a right ventricular hypertrophy. The dorsal region of the spine is more curved than normal and presents a slight bulging in the sub-scapular

Palpitation presents normal, vocal fremitus on each

Percussion gives a normal resonance everywhere on the front of the chest

You will notice that the percussion note over the ight apex is a little less resonant, or of slightly higher note, than on the left side. This is a normal condition.

Auscultation shows the presence of a weak vessicular murmur, with very slightly prolonged expiratory movement.

On the posterior aspect of the chest, and near the bases of the lungs, we find a slightly exaggerated percussion resonance, and the same signs on suscultation as in the anterior regions. These are all the physical signs now present in this patient, and they

point indisputably to asthma.

During an attack the patients suffering from asthma assume such postures and use such means as will allow them to bring into action the auxilliary muscles

During an attack of asthma, we will find, on physical examination, a slight increase of vocal femitus on palpation. This increased vocal femitus is felt only

in patches or isolated areas.

On percussion we hear an increased resonance, the walls of the bronchioles are spasmodically contracted, lessening the caliber of the tubes, and the air, prevented from leaving the vesicles, distends them, giving rise to exaggerated resonance.

At the base of the lungs we may find patches of slight dullness, due to the exclusion of air from the total occlusion of the tubes leading to these areas.

On auscultation we will hear whistling, cooing or sonorous rales. All these rales are produced when the bronchial tubes are free of mucus—they are dry rales. When they are produced in the smaller tubes they are called sibilant rales; when in larger tubes, sonorous rales.

Now, as the attack of asthma is near an end there is an outpouring of mucus, and we find sub-crepitant rales produced in the smaller tubes, and mucus rales in the larger tubes.

The sub crepitant rales are heard during both in-

spiration and expiration.

The acute exacerbation may pass off suddenly, the air rushing to all parts of the lungs, all the physical signs of the disease being lost. In some cases, as in this patient, the attack subsides gradually.

In a certain class of cases of asthma there may be absence of acute attacks for weeks or months, and

then an attack may occur without apparent cause.

Causation.—Hereditary influence is one of the chief predisposing causes—at least 50 per cent. of cases of asthma are due to hereditary influence. The disease may descend from grandparents to grandchildren, thus skipping one generation to make its appearance in the next.

When a case of asthma occurs in a family, you will usually find a certain proportion of the members of the family presenting the gouty or rheumatic diathesis; or, you may find a nervous element in the family history. Our patient has inherited a neurotic and rheumatic constitution. He thinks taking cold precipitates his attacks. Among other exciting causes of asthma you will find the inhalation of pollen, of dust, and of gases. Some patients who suffer while living in the country are free from the disease when in the city. The reverse of this rule is also true. Low temperatures will tend to precipitate the attacks. Reflex irritation often sets up an attack, as, for instance, an over-loaded stomach, and disease of the nasal chambers. Asthma is a true neurosis, however.

Prognosis is always to be guarded. If the subject be young, and the interval between the attacks be long, and the attack not very severe, the prognosis may be guardedly favorable. If the patient be of middle age, and the attacks frequent and severe, and lead to secondary affections, such as emphysema, etc., the prognosis may be unfavorable as to recov-

ery, but favorable as to life.

Asthma is a disease beginning in childhood. More cases begin during the first ten years of life than during any subsequent period of ten years; though I attacks of asthma.

am aware that this is teaching contrary to the views of many writers.

Treatment naturally divides itself into that for the aroxysm and treatment during the interval between

the attacks.

Treatment for the Attack.—If the attack be severe, we should use heroic measures in persons fairly healthy, unless the patient be old. In a young person we would give a hypodermic injection of %- to ¼-grain of morphine. If we were dealing with a case to whom morphine would be unsuited, we would use inhalations of chloroform to relieve the spasmodic condition, using but three or four whiffs of the drug at two or three intervals. The chloroform is not to be employed to produce unconsciousness, but merely to relax spasm. Do not allow the patient to use the drug when alone, but administer it yourselves.

If, on account of organic affection—more particularly of the heart—it is not considered advisable to give your patient inhalations of chloroform; use tincture of lobelia, in small doses—5 to 10 m every half hour until the spasmodic attack breaks up. Some persons, owing to its depressing effects, may

be unable to use this drug.

Asthmatics are often benefited by smoking the dried leaves of datura stramonium. potassium is often of service. Soak bibulous paper in a solution of nitrate of potassium, dry, and cut into strips. On the occurrence of a spasm burn the strips, inhaling the smoke. This smoke may be remedial through the formation of the protoxide of nitrogen, or presence of carbonic oxide, or the mechanical effects of the smoke.

If these means fail, give a dose of chloral; if the patient be moderately strong give 30 grains, to be repeated in two hours, if necessary; but don't exceed 60 grains during the time of one attack.

The action of bromide of potassium is, as a rule,

too slow to be of service during the attack.

Alcoholic stimulants act well in these cases as in the form of hot toddy. This may often break up a spasm of asthma.

Treatment to prevent the recurring attacks is to be

used in the intervals.

Treat the general conditions that may cause the attacks.

"Colds" frequently precipitate an attack, so have your patient guard against this cause. Such patients should wear woolen underclothing during the entire year. They should take moderate exercise in the open air, as a short walk every day.

Some attacks of asthma seem due to an overloaded stomach. For this reason care in diet is of importance. The patient should eat the heaviest meal at

noontime, and take but a very light supper. To control the state of passive hyperæmia frequently present during and after a spell of asthma, use, during the intervals between attacks, iodide of potassium or syrup of hydriodic acid, of which give 3j four times a day. Use these remedies persistently, as they act very gradually. With iodide of potassium we may combine Fowler's solution, for its oxidizing effect upon the blood, and because it stimulates the respiratory centers and arrests processes of de-generation. For this patient we will use:

R.—Potas. iodidi...... gr. v. 

And we will give him tincture of lobelia, of which he will take my every half hour for the spasmodic

During the few moments that remain at my command I will discuss the differential diagnosis.

Asthma often resembles acute or subacute bron-chitis. In bronchitis there is a certain degree of shortness of breath; but it does not occur so suddenly, nor yield so soon, nor present so paroxysmal

en

ly

is

to

to

.

a

e

t

The physical signs of the two diseases are different. In bronchitis, during the attack of difficult breathing, expectoration is present, and there is absence of the numerous dry râles met with in asthma, as a rule.

Asthma is frequently associated with emphysema, and it is sometimes difficult to tell which process is the major one.

In primary cases of asthma, when the attack is over, there is an absence of physical signs. We also base much upon the history of the case in hand.

In cases of emphysema, dyspnœa is of long continuance, and we find more or less permanent enlargement of the chest, and other physical signs are persistent. Spasmodic contraction of the diaphragm. sometimes met with in hysterical subjects, has been mistaken for asthma. In this hysterical manifestation we find short and rapid inspiratory efforts; then a pause, which may be a longer or shorter, and do not find it followed by a long, wheezing expiration.

Some laryngeal conditions may be mistaken for

In pseudo-membranous laryngitis the breathing takes on a character somewhat like asthma, but the dyspnœa is attendant upon inspiration and not expi-

Any disease causing a stenosis or cedema of the larynx will be attended by difficult breathing; but the obstruction will be to inspiration and not to ex piration, as in asthma.

Intercostal neuralgia has been mistaken for asthma. In these cases you will be able to find a point often tender to pressure. The breathing is short and quick or "catching;" but expiration is not like that of

# Original Articles.

THE HYGIENE OF EVERY-DAY LIFE.1

BY DANIEL STROCK, M.D.,

lent of the Camden City Medical Society; Surgeon to the Cooper lospital; Lecturer on Dietetics in the Camden Training School for Nurses; Member New Jersey Sanitary Association, etc.

N this day of preventive medicine, when as much thought and study are given to the avoidance of disease as is applied to its cure; when certain men devote the years of their lives in endeavoring to discover and control the causes that induce unhealthy action in the human body; when large sums of money are yearly contributed by benevolent individuals, or the various governments of the earth for the establishment and equipment of laboratories where such investigations may be conducted, it becomes every medical man, no matter how humble his station, to do all in his power, within the sphere of his influence, to second the efforts of these patient original investiga-tors—to contribute his mite to the general fund of

sanitary knowledge.
While the mission of the physician is to cure discase, it is also, in a larger sense, the more humane one of preventing disease when it lies in his power by precept or example so to do.

Annual address of the President read before the Camden (N. J.) City Medical Society, January 8, 1891.

Thus it has come to pass that there has arisen a class of individuals known as sanitarians. But sanitary science is not of recent origin. Ages ago it was recognized that certain precautions were necessary to ensure freedom from disease; that certain occupations were inimicable to health, and certain localities and habits of living were inseparably connected with sickness and death. Moses, the greatest sanitarian, probably, that ever lived, understood these things, and promulgated an hygienic code that must have conduced largely to the health and happiness of his people, and could to-day be observed with profit by all classes of men.

Every day increases our knowledge of the causes of disease, and every such increase of knowledge demonstrates the importance of exercising care in our intercourse with the physically afflicted. The more information we possess of the mysterious agents that we now know are concerned in producing the phenomena in the human body which we call disease. The more we understand their subtle power to take advantage of our daily habits of life to invade the system, the more are we impressed with the conviction that it would be an act of mercy for those afflicted with certain maladies to give warning of their presence, as did the lepers of old, by crying "unclean!" As the ancients recognized the fact that contact with those affected with leprosy caused its appearance in the healthy individual, so do we know that association with those suffering with certain diseases will cause us to incur the risk of infection.

But we know more than this, whereas the people of old considered direct contact or intercourse necessary to spread certain affections, we know that disease can be disseminated without this formality. The excreta from the bowels, the sputum from the lungs or throat, the minute scales that fall from the body in some cases, are all sources of contagion, and may cause disease to appear in the healthy man months after the patient, whom he may never have seen, has recovered or died.

The clothing that has been used by a patient, the plaything that has been placed to a sick child's lips, the pipe of the smoker, the imperfectly-cleansed vessels and spoons from which the patient was nourished, the cups at the public drinking fountain, the water that flows therefrom, the milk and various articles of food we use, the railway car, the carriage, the school, the church, the public meeting-room, the theater and the opera-glasses procured therein, the towels that are indiscriminately used in the lavatories of hotels and depots; that other towel, which is frequently found pendant from the eating counter of restaurants, and is ostentatiously used by the last customer to cleanse his face, lips, and teeth; the towels and implements of the barber, the public toilet room, the public bath-house, the money that we daily handle, the hands and instruments of the untidy surgeon, obstetrician, or dentist, are all factors in the dissemination of disease, and all have

direct bearing upon the hygiene of every-day life.
All of these topics—and many others—have an influence upon our health, happiness, and period of existence; but the limit of this paper will not per-

mit of their separate discussion. At the present time the one subject that is engaging general attention is tuberculosis-or what is known as consumption when it invades the lungs. This terrible scourge of the human race—which annually destroys about one seventh of the population of the earth—is ever present with us, performing its fell work in the mansions of the rich as well as in the humble abodes of the poor. It indiscriminately extinguishes the light of the brightest intellect and effaces the clouded mind of the idiotic or insane. The athlete who, in the pride of his power, feels that he is invincible, cannot prevail against this insidious antagonist, and, once in its embrace, will be shorn of his strength as surely as was Samson. While it has a predilection for certain races, and the members of certain families, none can feel assured that they are proof against its attacks; yet it constantly affords examples of the survival of the fittest. A scourge so persistently at war with man has, naturally, been as persistently combatted by him. All the remedies in nature's laboratory have been utilized, with the hope of staying the onward progress of this ally of death. Suggestions of all kinds have been made, mechanical contrivances without number resorted to, the patient exiled from home and friends—doomed irrevocably to die—and, not-withstanding all that has been done, the disease continues to invade our households, and we have no surety against its encroach.

The potent agent in producing and perpetuating this dreaded malady is, according to the latest investigations, a living germ, called the bacillus tuberculosis. This germ, it has been demonstrated, is present in tuberculous disease, no matter in what form it may exist—whether as an affection of the lungs, the larynx, the bones and joints, the glands, the skin, or other tissues of the body. And it has also been demonstrated that, through the bacillus agency, tuberculosis can be transmitted from one animal body to another; thus proving it to be the

causative factor in the disease.

Because tuberculosis can be transmitted from one human being to another, through the agency of this living germ, we now consider it to be an infectious disease, and it may be imparted to another person through the medium of their lungs, stomach, skin, or wounds. No doubt it is contracted in the greatest number of cases through the avenues of the lungs and stomach; and the most active agents in disseminating it are the cases of tuberculosis of the lungs—the so called consumption. In these cases there is constant expectoration, and in many instances the patients are not careful where they deposit their sputa. It is ejected upon their clothing; their handkerchiefs; their beds; the floors of their dwelling; in the street car; the theater; the church, and various other places. It can be said that the sputum of the consumptive is met with everywhere.

In the course of time it dries, and is pulverized by the action of the feet, when it lies upon the floors; by the friction of the clothing or handkerchiefs with the articles with which they may come in contact; and the virus of the disease rises in the air as an impalpable powder, to be taken into the lungs with every inspiration, or it is deposited upon the food that is taken into the stomach. Thus, the lungs or stomach become the medium through which the disease is con-

veyed to the system.

It is transmitted by the consumptive husband in caressing his wife; by the affected mother in nursing her child; by the diseased midwife in sucking the mucus from the new-born baby's mouth. It is contracted by the poor woman who washes the consumptive's clothing; by the child upon whom the rite of circumcision was performed, the wound being sucked by a consumptive rabbi; by the patient who has been operated upon. in this case by the use of unclean instruments. It is communicated through the agency of flies, of drinking vessels, and knives and forks.

It invades the system along with the ment, the milk, or the water we take. Thus, the hour of their greatest enjoyment may prove to many to be the saddest of their existence—the caress or the feast may have been the moment of their physical downfall.

As before stated, the sputum of the consumptive is met with everywhere; and, when we consider how prevalent is this disease, we can understand that the statement is not an exaggeration. And where the sputum is, there also is the bacillus. Thus, it is found in the dust of the houses of consumptives; upon the walls of their rooms; upon the bed-clothing; upon the headboard of the bed; upon the carpets, and upon the furniture. It is found in the shop of the consumptive worker, and in the hotel bed-room that has been occupied by a phthisical lodger. Wherever there has been a case of consumption, there we may confidently expect to find the germs of the disease.

One of the most important facts developed by recent researches is that consumption is directly transmitted from one person to another, either by actual contact, as in kissing; by inhaling the dust of rooms that contain the invalid's sputum, or by using the drinking vessels or handkerchiefs that have been im-

perfectly cleansed.

It was formerly believed that the affection was only susceptible of hereditary transmission—that the child of the consumptive father or mother was born with the seeds of the malady in its system, which were destined to develope in disease of the lungs in later life. The germ theory has caused a modifi-cation of this view. While it is possible that in certain instances children are ushered into the world with the bacilli tuberculosis in their systems, yet it must be admitted that the great majority of offspring of consumptive parents are free from the disease at birth. But they are not free from the inherited pre-disposition to tuberculosis. It is well-known that the children of such parents are more liable to die of consumption, or have tuberculous disease of the joints, glands, etc., than are the children of healthy parents. This is because their father or mother has transmitted to them a peculiar condition of the system that offers suitable soil for the cultivation of the tubercle bacillus, once it has entered their body. And the environ-ment of such children renders it almost certain that the germs of the malady will be conveyed to their lungs, through the diseased parent's caress or the lungs, through the diseased parent's caress or the germ laden air they must breathe. In this is the explanation of the extermination of entire families by consumption. The members of such a family, once the disease has entered the portals of their home, live constantly in an infected atmosphere. They inhale the dried sputum of the victim, they partake of it with their food, and drink it, as it is deposited, as a fine dust, upon their cup of tea, coffee or milk. Disgusting as is the contemplation of this phase of the subject, every physician knows the picture is not the subject, every physician knows the picture is not

The previously firmly established belief that consumption could only secure a foot hold in certain families, by hereditary transmission, is, no doubt, primarily the cause of the carlessness which we have all observed on the part of those who are connected with a case of this kind. The sense of security that was imparted by the thought that no taint of the scourge was implanted in their systems has unconsciously been the undoing of many. Fortified with this conviction, they have exposed themselves in some of the many ways offered by a disease so prevalent. It may have been by kissing the patient, per-

aps by using his handkerchiefs, or drinking from same glass. In this manner the germs of the malady have been conveyed directly to the circulation of the individual who, with proper care, should

ilk.

eat-dest

ave

re is TOW

the the

t is

es;

ng;

p at

om

ger.

s of

10 ns-

ual

the

im-

the

orn

ich ngs lifi-

errld

tit

ing

at re-

hat

of

its,

ted ers

cilon-

hat

the -Yby

ne,

in-

bt,

ist

The prevention of tuberculosis is a subject that hould interest, not physicians alone, but every individual who has arrived at an age to comprehend the importance of the matter. Let it be understood that the one cause for this disease is the living germ, the bacillus, and the most persistent agent in sowing it broad cast is the dried sputum of the victim. These two important facts being known, we are thus admonshed that there are certain precautions that should be observed in every case of consumption. The first is that a patient should never expectorate on the floor, or on his handkerchief. He ought always to use a sputum cup, or cuspedor, which must contain water. In this way there is no possibility of the expectorated matter becoming dried and disseminated throughout the house in the form of dust. The carpets should be swept with a damp broom, and the sweepings burned. But it would be better to have rugs on the floor, which should be shaken at a distance from The floors and wood-work of the rooms should be washed with water that contains a disinfecting solution, as carbolic acid or bichloride of mer-cury. The clothing and bed-clothing of the patient, upon which there may be sputum, should be burned, or disinfected by steam. The custom of using such garments, after death of the patient, by other members of the family, cannot be too strongly condemned. It may seem cruel to interdict kissing, but certainly the invalid should not be kissed upon the lips. The consumptive mother should not suckle her child. For the same reason all milk should be boiled, as cows affected with tuberculosis are potent factors in perpetuating the disease in the human family. The walls of a house that contain a consumptive should be frequently rubbed down with bread. Those who are looking for houses to rent or buy, would act the part of wisdom if, while they sought to know the number of rooms it contained, would ascertain if any one affected with consumption ever occupied it. If so, then all the paper should be removed from the walls, and the wood-work thoroughly cleansed with a disinfecting solution. Only in doing this is there safety. Parents should inculcate in the minds of their children the importance of avoiding public drinking vessels; and with this object in view, every child's school-satchel should contain a drinking cup. Teachschool-satchel should contain a drinking cup. Teachers have opportunity for performing grand hygienic work in this respect, and may frequently be instrumental in imparting the instruction that is not given at home. Water designed for drinking purposes, which is not above suspicion, should be boiled. It is possible that the day will come when people will understand and appreciate the danger of drinking water into which has been conveyed the excreta and expectoration of patients suffering with all manner of disease communicable through the medium of living germs—germs capable of sustaining an independent existence for a long period in water. But, until the time does come when the inhabitants of cities shall demand uncontaminated water for domestic purposes, it behooves them to take such measures for safety as political effects.

The facts should be recognized that every case of consumption is a menace to the neighborhood, due to the existing popular ideas concerning this disease; and the time has come when physicians can take a positive stand against the present indiscreet conduct

of these cases. We now know it to be a contagious malady, and instances could be multiplied where healthy individuals and families have been contaminated by coming in contact with patients suffering with consumption. Therefore, the simple precautions noted in this paper could well be observed by every family wherein the disease exist; pending the time, which must surely come, when the sanitary authorities of our State and cities will take such measures as we known are indicated to lessen the prevalence of this terrible scourge.

Notwithstanding the many experiments that are at the present time being conducted, in all parts of the world, with a recently discovered fluid, it can be confidently asserted that the cure for consumption of the lungs has not been found; and it is the better part of wisdom for each individual to take such precautions as common sense and prudence dictate, in the light of the knowledge which we now possess of the cause of this disease, and the various vehicles that exist for conveying it from one individual to another.

The hygiene of every-day life contemplates selfpreservation, which is nature's first law.

# A GLORIOUS SUNSET.

### BY S. V. CLEVENGER, M.D.

WHILE on a recent visit to Frankfort, a very pretty little city of six thousand inhabitants, in Clinton county, Indiana, I was delighted to find that the practicing physicians there were of a very superior kind, and it did not take long for me to trace the cause of this to the fact that their preceptor, old Dr. Timothy B. Cox, was a veritable medical king, whose career is so full of events that typify the ideal country doctor, it should be known to medical students. as worthy of emulation, and to physicians generally who are proud of what ennobles and beautifies our profession.

The doctor is a cousin of S. S. Cox, the late Congressman, and was born in New York State, January 9, 1817. He graduated from the Ohio Medical Col-lege, and the Bellevue Hospital Medical College, New York City, and began practice, when twenty-six years old, at Kirklin, where he remained twenty-four years, and then removed to the adjoining town of Frankfort, in which he has resided an equal number of years. His office and visiting work grew too heavy for his age and strength, and in 1887 he retired from practice with more love, respect and honor than I have here-tofore thought it possible for a community to accord

where gratitude was due.

Every true physician has too often in his early career experienced the bitterness of having ill returns for hard conscientious labor, and further along in years has grown to accept ingratitude as a matter of course, occasionally puzzled to account for some sporadic appearance of appreciation, and inclined to look upon it suspiciously as too much out of the com-mon to be genuine, and undoubtedly our dear old Doctor Cox has had his share of these experiences, but he went his unswerving course for nearly half a century, blessing every household with his presence in times of distress, soothing pain, advising, counselin times of discress, soothing pain, advising, counseling, educating the people how to care for themselves, and what he always considered his chief privilege, how to avoid sickness, until he became part of the landscape, and a snow-crowned mountain at that, commanding the reverence the Swiss holds for his Alps, as something too sublime for other than veneration, and of smoothing to spainting all standards.

His obstetric work numbers nearly three thousand cases, and he thought out for himself the method of detaining the ourushing head to allow time for the "physiological softening" of the perineum. An interesting series of experiences in this part of family practice being that he has delivered three generations. For instance, in the early forties he attended the birth of a female child, and in the sixties delivered her of a male child, and attended the wife of this latter, when in the eighties she was delivered, and he had also officiated at the coming into the world of this same wife.

When he began practice most of his routes were over trackless hills and prairies and through forests, the houses being scattered many miles apart, and he would often fall asleep on his horse; once he was awakened by finding himself knee deep in water, when his horse was fording a stream. At another time he was so sick that he wanted to lie down by the roadside, but had he done so he would have died there, as upon reaching home he was not able to leave his bed for many weeks, and it would have been a very rare chance for any one to have passed over the same route he had taken. Such instances, however, are but a very few out of the great number of events that an active life would encounter in living the greater part of this century.

During the civil war, when news of a battle came, in which his townsmen were engaged, or if it were practicable to reach the field in time, he would serve as volunteer surgeon, returning home only when he

could be of no further use.

Typhoid fever, ague and dysentery were the most troublesome ailments he had to contend against, sometimes becoming endemics. In 1878 he encountered a wide spread prevalence of cerebro-spinal menigitis. In very early times he found his best results in the treatment of dysentery were obtained by push-ing opium narcosis to its extreme. He used quinine in puerperal fever and anticipated antisepsis and asepsis by using "warm water, after boiling, and plenty of it." Imagine a physician in the wilderness of Indiana, forty odd years ago, thinking out and applying the very principles we now find so useful in combatting septic troubles. He was in all this time an enthusiastic believer in cleanliness for wounds, and Lister himself admits that in that lies the secret of success in operations.

One of the deep set prejudices of the olden times, that gave him great concern, was the inordinate use of calomel by the people. He had the utmost difficulty in educating them up to take small doses of this drug, and hailed with delight the appearance of parvules, as enabling him to better regulate dosage on

the minimum scale.

He taught his students-and he has had many of them—to avoid polypharmacy, and not to treat every little symptom, but to attack the disorder physiologically if possible, and in the case of self-limited diseases to avoid injudicious medication, but to sus-

tain vitality as far as possible.

His experience and reflections (and he has done a geat deal of deep thinking in his time) lead him to estimate properly the value of a consideration of heredity in diagnosis, prognosis, and as a guide to treatment. Many is the tendency, good and bad, moral and physical, he had found himself treatment. generations, until he has found himself treating in great-grandchildren, and by the same means, what decades before he had recognized in their families.

It was as good as going back to college again to have the privilege of listening for hours to the narra-

tion of the doctor as he modestly discussed his views and what surprised me most was to find in one so old an apparently utter absence of that conservative clinging to olden superseded methods. In medicine h was as fresh as the youngest, and had arrived at many of his methods by exercise of his own brains.

And, withal, he was as jolly as he was kind hearted and able. Fond of his joke, even though it was against himself. It is told of him that at one time a very able surgeon, who was quite dressy in his ap-pearance, met him in consultation, and as the old doctor believes more in the usefulness than the ornamentality of clothing, the comments upon one another made privately to a mutual friend were: "Does that old granger know anything?" and "I'm afraid your friend is too much of a dude." But externals were soon overlooked when the two came to know one another, and a life long regard began.

At another time a long-haired charlatan wearing a silk hat appeared in the town, and the doctor laid aside his own tile for many a day thereafter.

It is a significant saying in Frankfort that were the doctor brought into court to testify about anything, it wouldn't make a particle of difference what any lawyer, judge, or any other witness had to say, the doctor would be believed against all the rest. And it would take more than a sheriff to bring him there if he thought that by any possibility he might do harm to any one.

The physicians told me that he had been a father to them in counsel and solid helpfulness, and his place in the hearts of his neighbors is secure. He is now enjoying a refreshing rest from his life-work, much of which recalls some of the beautiful passages in Goldsmith's "Deserted Village," and justifies the title of this paper, for his remaining years are a glorious sunset, and his memory will be an after-glow for all time.

## INTERNAL URETHROTOMY: WITH CASES.

By J. V. PREWITT, M.D., WEST POINT, KY.

HERE was a time within the memory of most of those present, when internal urethrotomy of the deep urethra was looked upon with suspicion. Many surgeons discarded it altogether, as it was so commonly followed by septic or urethral fever. It is a well-known claimed fact that in those cases of deep, close strictures, there is complicating matter more or less cystitic, causing the urine to be loaded with pus and various micro organisms. Now, it was claimed, and I now say very justly, that after such operations the urethra was unable to clean itself, and as a natural result, there must be left in the fresh wound a greater or less amount of septic matter to become absorbed, and bring about the long train of toxic symptoms, which would so commonly follow the operation. But to-day, I am happy to say, that by the late modern antiseptic surgery, we are able to control the urethral fever and almost entirely keep down the many toxic symptoms which have been the great obstacle and disadvantage to the operation of internal urethrotomy. omy. I have thought it best to give you the treatment and results of the following cases:

CASE I.—C. B.; section hand; aged twenty-seven years; called at my office wanting to be treated for gleet of nearly three years standing, which led me to make an examination, which showed two strictures

Read before the Mississippi Valley Medical Association, Louisville, Ky., October, 1890.

of large caliber, one an inch and a half back from the meatus, and another two and a half inches back. History of long standing; stricture getting gradually worse. Operated; cutting with an Otis to 32 F.; no hemorrhage of any consequence, and no fever. Gave boric acid internally in ten-grain doses. Second day passed 28 F. sound straight. Four days later passed the same sound and discharged him. He continued at his work during the time, and as he has been under my constant observation ever since I operated, which was in May, 1890, I have examined the case several times since, and have been unable to find the slightest recontraction and no sounds were passed

after the sixth day.

ews old

ing-

e he

d at ns.

rted Was

ne a

Tha-

ther

that

your

vere

an-

ring laid

vere

inv-

hat

say,

rest

him

ight

ther his

e is ork, ges

the

ori-

low

S.1

t of

of on.

t is

or

pus

ons ral

ter

ed,

115

But

ern

ral

ind

at-

to

CASE II.-James G.; aged twenty-nine years; farmer: came to my office one morning suffering of retention of urine, wanting to urinate every fifteen or twenty minutes, and complained of receiving no rest at night as he desired to urinate at night as often, if not oftener, than in the day. Had been in this condition for five days, but for the last eight months had passed his urine much oftener than when in good health. Upon examination I found close stricture five and three fourth inches back. After hard work of over an hour and a half, I succeeded in passing a filiform. Patient would not consent to an operation; used rapid dilatation, dilating to 24 F. He then permitted me to operate, cutting with an Otis to 32 F., afterwards dilating to 34 F.; washing out with boric acid, and gave it internally, and five drops of oil of gaultheria. Had but little hemorrhage. Third day after operating passed 28 F. curved easily into the bladder; followed by a chill with a temperature of 103½°. Quinine given freely and kept bowels open, fever soon subsided. Sixth day, passed 29 F. straight, followed by another chill; temperature 1020; repeated the quinine and boric acid internally; fever soon disappeared. Ninth day, passed 29 F. straight; no chill or fever. Ten days later I discharged him well. Three months later I made an examination and did not find the least recontraction. Upon inquiry, he said he had dissipated a great deal since I discharged him, but had experienced no bad effects and considered himself well.

Case III .- P. P.; aged forty-five years; contractor; called at my office. Gleety discharge from urethra for two years. Examination showed a close stricture one inch back. Operated; used cocaine solution 4 per cent.; cut with an Otis to 32 F.; had but little hemorrhage and no fever; gave boric acid internally. Second day passed 28 F. straight, followed by slight hemorrhage. Fifth day passed same sound; no hemorrhage; and patient returned to his work. Five months later I heard of his marriage.

CASE IV .- B. J.; aged twenty-two years; carpenter; called at his room and found him in bed, suffering with retention of urine; was just getting over a pro-tracted spree of two weeks. Examination showed a close stricture anterior to the bulb of the penile ure-thra. After an hour's tedious work I passed a filiform. I returned the next morning and operated, cutting with an Otis to 32 F. Catheter tied in bladder; washing with bichloride and boric acid solution, and giving boric acid and oil of gaultheria internally, as in previous cases. As patient had been suffering of malaria for the past two months, I added quinine, 5 grains every four hours. After thirty-eight hours I removed catheter. Third day ed 28 F. curved sound, followed by a slight hemorrhage and a chill; quinine given; fever soon sub-sided. Fifth day passed same sound into the bladder; no had effect. Patient returned to his work fourteen

days after operating. He is a railroad bridge car-penter and I see him often, and he says he can pass

as large a stream now as he ever did.

CASH V.—Anderson W.; aged thirty three years. Examination showed stricture three and a half inches back. History of long-standing stricture. Operated, cutting with an Otis to 32 F.; also, did meotomy, as the meatus was scarcely 31 F.; slight hemorrhage and no fever. Second day passed 28 F. curved, and discharged patient. Returned in three months re-contracted. Cut again with an Otis. Put him on milk diet, as in previous cases. Ten days later passed 29 F. straight. Have not heard of him since.

# Society Notes.

GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

February Meeting.

The President, Dr. HENRY M. WILSON, in the Chair.

R. NEALE reported the following case of

OCCLUSION OF THE OS UTERI DURING FOUR DAYS' PARTURITION.

Mrs. K. W., aged twenty-six years, white; one para. Past history unimportant. Last menstruation early part of April, 1890. Pregnancy normal up to November 16, 1890, when she slipped and fell violently on her right side on the sidewalk. There was no vaginal discharge at the time, and no discomfort except from the jar, bruising, and the patient was up and about all the time. No movements of the child were felt after the fall.

About Christmas, 1890, an offensive yellowish vaginal (uterine) discharge occurred, and continued for

one week.

On the night of January 12, 1891, her first labor ains began, and were so severe as to require morphine given by her attendant. There was no "show" or discharge of any kind. The pains increased, and the patient was suffering severly when I saw her for the first time, Friday evening, January 16, 1891. She

was a large, well-built and well-nourished woman.

Could not distinctly map out the child by abdominal palpation. By auscultation gurgling over the entire uterine tumor, and not a trace of fœtal heart

sounds could be heard.

By vaginal examination, very short and small vagina, no cervix and no os. A continuous layer of mucous membrane, flush with the vaginal walls, closed over the entire vault of the vagina, and a little dimple in its center was the only indication of

where the os ought to be.

Patient chloroformed; placed in position; hand passed into vagina; finger pressed firmly against the dimple, when it suddenly yielded or burst open like dimple, when it suddenly yielded or burst open like a membranous web, permitting a gush of not foul smelling bloody water to escape, and at once the rapidly enlarging outlines of the os could be felt, then about as wide as a silver half dollar piece. The soft bagging scalp and loose cranial bones came down upon the enlarging, and as the expulsive efforts were almost nil I grasped the head with a Simpson's cranisclast, which tore away, and then the blades of a Tarnier basiotribe were adjusted over the head and neck, and a thoroughly macerated, but not decomposed or foul, small child was easily extracted. Perineum

intact; os fissured slightly. Small placenta appeared within six minutes. Considerable post-partum hem-Os remained open orrhage; uterus acting feebly. about the size of a silver half dollar piece; thick edges; uterus rather small, but not firmly retracted. quarts of a hot intra uterine, 1-4,000, bichloride douche were injected. Patient rallied well, and de-barring an occasional slight rise of pulse and temperature, and faintly fœtid lochia, which readily yeilded to the antiseptic douche, the puerperium was un-eventful, and recovery complete. This case was a novel one to me. I am quite sure the membrane I felt was mucous, and not the amnistic sac, nor do I think the case should be classed among those of cervical occlusion or stenosis from endotrachelitis.

Dr. J. WHITRIDGE WILLIAMS read a paper on

THE INDUCTION OF PREMATURE LABOR IN CON-TRACTED PELVES.

He pointed out that the comparative neglect of the operation in this country was due to two causes: the absence of large lying-in institutions and the con sequent lack of large amounts of clinical material, and the almost total neglect of pelvic measurement.

By the term premature induction of labor one.understands the artificial interruption of pregnancy at such a period that a viable child may be born; that is, any period from the twenty-eighth or thirtieth

week to the end of pregnancy. Dr. Williams then went into the history of the operation, and showed that it was first rationally employed for this indication in England, as the result of a conference of the eminent physicians of Lon-

don in the year 1756.

Within fifty years it was quite generally employed on the Continent, and soon enjoyed a popularity which caused it to be resorted to on the most trifling pretexts, and which, in 1869, called forth Spiegel-berg's forcible denunciation of the operation by which he showed that the mortality both of the mothers and children was nearly three times greater after the operation than if the woman went on to term. This was soon followed by articles by Litzmann and Dohrn, who showed that Spiegelberg had painted the picture in colors far too dark.

Litzmann showed that in moderate degrees of contraction, 8.25 to 7.5 cm. (31/4 to 3 inches), the operation was indicated in the interests of the mother, as shown by a mortality of 7.4 per cent. after the operation, compared with one of 18.7 per cent. when the woman

was allowed to go on to term.

Dohrn stated that the proper method of appreciating what the operation accomplished was not to compare so many cases of induced labor with so many cases of labor at term, but to compare the results of premature and spontaneous labors in the same woman; by this method he found that twice as many children were saved by inducing labor as by allowing the woman to go on to term.

Consequently, they proved that the operation was indicated in properly-selected cases both in the inter-

ests of the mother and child.

The introduction of antiseptic methods into mid-wifery almost completely robbed the operation of danger for the mother, as will be readily seen from the following statistics. Thus, Haidlen reports fortyfour cases from the Stuttgart clinic, with no maternal deaths, and 72 per cent. of the children saved.

In 1889 Korn stated that Leopold lost one woman in forty-five cases, and saved 66 per cent. of the children; and last July Ahlfeld stated that he had induced labor one hundred and eighteen times with

the loss of only one mother, and had saved 62 per cent. of the children. At the Berlin Congress Feb. ling stated that in sixty cases he had saved all the mothers and 80 per cent. of the children.

From the above sketch we will readily see that the maternal mortality in properly-selected cases is very slight, four hundred and one cases collected by Korn showing a maternal mortality of only 2.9 per cent., or just a trifle more than normal labor in a normal pelvis. while the foetal mortality ranges from 20 to 70 per cent., the average being about 33 ½ per cent. So in this operation we have a means of saving about two-thirds of the children without any risk to the mother. Or, reckoning by Dohrn's method, we save at least twice as many children as if we allowed the woman to go on to term, and then resorted to some conservative

operation.

These are prospects of the operation; but, unfortunately, the degree of contraction within which the investigable is very limited, and one can operation is justifiable is very limited, and one can only think of it in moderate degrees of contraction.

According to Litzmann, in flattened pelves with a conjugata vera of 7.5 to 8.25 cm., (3 to 3.25 inches),

and to Schroeder 6.5 to 9.5 cm. (2.5 to 3.75 inches).

As pelves with a conjugata vera above 8½ cm.
(3¾ inches) offer a reasonable chance to both child and mother at term, and those below 7 cm. (23/4 inches) offer no chance to the child, I think that the operation should be restricted to these limits—that is, between 7 and 8½ cm. (2¾ to 3¾ inches) in simple flattened pelves.

In the justo-minor pelvis a conjugata of 9% cm. (3% inches) or less will usually be an indication for

the operation.

In the rare forms of obliquely narrowed pelvis, whatever its cause, we must be guided almost en-tirely by the history of previous labors.

We thus have the operation restricted to a very small range—1½ cm. (¾ inch)—which should only be exceeded when the previous history tells us that the previous labors have all ended disastrously. We should not think of inducing labor in a flattened pelvis with a conjugata below 7 cms. (23/4 inches), for in that case the prospects for the child are almost nil, and the dangers to the mother greatly increased.

Here we come to the relation indication for Case.

rian section, when it is best to allow the woman to go on to term, and attempt to save both mother and

child by that operation.

With these contracted indications we readily see that an accurate idea as to the exact size and form of the pelvis is an absolute prerequisite for the per-formance of the operation; and the only means by which we can accurately obtain the information is by

carefully measuring the pelvis.

We should not content ourselves with simply measuring the conjugata vera, but should also take the external measurements, and thereby attempt to determine with what form of pelvis we have to deal. After doing that, we must carefully examine the interior of the pelvis to determine its height; to see if it is generally contracted; and, if contracted, the contraction increases as we approach the outlet. We must look for exostoses of the pelvic bones, and carefully examine the promontory to see if it is double or not.

If we think the pelvis contracted latterally, we should measure the distance between the tubers ischiorum on each side, as Breisky recommended. We should also attempt to estimate the transverse diameter of the pelvis, which is most difficult to do, and the most that can be expected is to examine

alternately with each hand, and try to stroke the linea innominata, and so relatively to get some idea as to the transverse diameter.

Having decided that an operation is necessary, the next question is. When she is it be done? Of course, the younger the fœtus the smaller will be its size, and, consequently, the easier its delivery. But, unfortunately, the smaller the fœtus the less chance it will have of living, even if it survive the opera-tion. Generally speaking, we say a child is viable after the twenty-eighth week, but its chances of living are almost nil; indeed, children thirty to thirtytwo weeks old have next to no chance of living. The later the operation the more chance has the fœtus of living after it; but, unfortunately, its size, and, consequently, the difficulty of its delivery, increase with its age. If possible the operation should be done about the thirty-fourth to thirty-sixth week, our object being to operate at the latest possible period consistent with safe delivery.

To fulfill this object, we must attempt to gain an accurate knowledge as to the size of the child's head. Unfortunately, we are unable to determine its size with mathematical precision, or even with the relative precision of pelvimetry; so we are obliged to take advantage of every possible hint on the subject. Some of the following points may be of assistance in different cases. We must consider the mother's account as to the duration of the pregnancy.

Notice the size of the parents, large parents usually having large children. Inquire about the previous labors, particularly as to the size of the head. Endeavor to estimate the size of the head by abdominal and combined abdominal and vaginal palpation; and note the consistency and amount of resistance to compression that the bones of the head offer.

Try to measure the head with the pelvimeter through the abdominal walls, and deduct the estimated thickness of the abdominal walls from the

per ch-the

the ery

, or

nt.,

pe-rds

Or,

ice

be

an

1.

s),

m. Ild

Notice the size of the large anterior fontanelle—average width, 2 cm.; the width of the sutures, and the distance from the anterior to the posterior fon-tanelle; for as they are larger or smaller, it indicates a larger or smaller head. Measure the length of the feetus as it lies in utero, from breech to vortex; double the measurement and it gives, according to Ahl-feld, the length of the foctus. If a foot is prolapsed, measure it, for Goenner stated that there is a difference of nearly 1 centimeter between the length of the foot of a child at term and one at thirty-two to thirty-

One of the most important methods is that of Mueller, who attempts to force the head down into the pelvis by pressure from above. As long as he is able to force the head down, he knows that labor will the head down, he knows that the win readily take place, but when he can no longer force the head down, and when it bulges out over the sym-physis, then he considers that the time for operation has arrived; as the great danger to the mother is from sepsis, one cannot be too careful in one's efforts to guard against it, and consequently one should be t particular in one's preparation for the operation.

For several days previous to operating, the woman should have a warm bath daily, and several times a day be douched with warm water, 95-98 F., containing salt or borax by which the cervix is softened and dilated. Just before operating the genitals should be most carefully washed with hot water and soap, followed by a 1-1,000 bichloride solution. The rina should also be most carefully cleansed.

The hands of the operator should be washed for at least ten minutes in hot water, and the nail-brush vigorously used, after which they should be placed for several minutes in a 1-5,000 bichloride solution.

All instruments should be sterilized by steam, or

placed in a 5 per cent, solution of carbolic acid for at

least thirty minutes.

The most generally approved method is that of Krause, or the introduction of a disinfected flexible bougie between the membranes and the uterine wall. If properly conducted it is almost entirely devoid of danger for the mother, and will bring about the birth of the child in a period varying from eight to two hundred and fourteen hours, averaging about eighty hours, or about three days. To insert the bougie the woman is placed on her back or side, as may be most convenient, and the cervix brought down by a pair of bullet forceps, and the cervical canal carefully cleansed with bichloride on a pledget of cotton. The bongie is then carefully inserted, so that its lower end is within the vagina, care being taken not to wound the membranes or the placenta. Then the vagina is packed with iodoform gauze, care being taken not to wound the which serves to hold the bougie in place. If at the end of twenty-four hours no labor pains have been produced, the bougie should be removed and another introduced at another point under the same precautions as the first

If this method fails we may resort to Kewisch's method of allowing a current of hot water, 100-110 F. to flow through the vagina several times a day for a period of five to fifteen minutes; or we may puncture the membranes as accessory to these; we may loosen the membranes about their lower pole; dampen the

vagina with iodoform gauze, or employ Barnes' bags.

If the pains are weak, Febling recommends version by Hick's method and bringing down one leg, whereby increased contraction is produced, and one is afforded a ready means of ending the labor if one deems it expedient in the interests of the mother or child.

DR. NEALE: I regard the chief point in this very able paper to be the endeavor to definitely fix the limits for the induction of premature labor in contracted pelves, not as opposed to Cæsarian section, but as applicable to a distinct and separate class of cases. This endeavor I strongly advocate, but at the same time must confess that I do not believe the plan is always practicable at the bedside. There are so many factors entering into the determination of this question, as I stated in my paper, that I can now only repeat what I there quoted, viz.: "A given pelvis measurement is useful as an indication of what has been the experience of others under similar circum-stances, but is not a final ground for decision."

After the evidence adduced, which doubtless represents the opinion of the best medical authorities, I am sure I only voice the concurrence of this society in accepting the limits for this operation, as stated by

Dr. Williams.

This is practically in accordance with the teachings of Lusk, probably our strongest American authority, who places the range for the induction of premature

who places the range for the induction of premature labor in contracted pelves at a conjugata vera of from 2½ inches (7 cm.) to 3½ inches (8.75 cm.).

As stated in the paper, I believe the most reliable statistics of this operation are those of Dohrn, who compares the results of induction of premature labor with those of labor of term in the same case, showing a very decided advantage in premature labor. It must be remembered, however, as Litzmann has clearly shown, that children born alive by this oper-

ation are far more likely to die early than matured children. The risk to the child does not cease with

I can not recall any reference in the paper to pelves contracted from hip joint disease, and yet I have met with two obstetrical cases of this character during the past two years in this city, both were in private practice, and both were primiparee.

The first case I saw in consultation during a very severe labor at term, and delivered her of a still-born child by a difficult high (Tarnier) forceps operation.

Premature labor was induced on the second case at the eighth month. In this case the bougie was retained under antiseptic precautions (2 per cent. creoline cervical and vaginal douche and iodoform gauze over os) between the membranes and uterine walls for forty-eight hours without effect. It was then withdrawn, the douche again administered, and bougie reintroduced in a different position and retained for twenty-four hours again without effect. The sac was then punctured high up by the probe, and labor began in about fifteen hours. Thus we see the method of Krause, although the best may fail, where puncture of the sac will not.

As this lady was poisoned to death by an unclean servant who dressed and picked carious bone from her foot, and then attended my patient, and handled all her linen, napkins, etc., without my knowledge, it shows the importance of extending our antiseptic precautions to everything coming in personal contact with the case. As regards the method of delivery the experiments of Budin, and others, speak strongly in favor of version and extraction as opposed to for-

DR. KELLY: The subject is too large to be discussed formally. I will merely refer to one or two points of interest. A serious complaint is to be entered against the records of foreigners in regard to the statistics of infant mortality after premature labor. Many observers only state whether the child was born living or dead, some few state whether or not it was living when discharged from the hospital. What we want to know for practical purposes is whether the children live any time after they get home. My own experience is but few live. If they are sent out simply to die soon after at home, the induction of premature labor among the poorer classes simply becomes a species of uterine gymnastics.

A method of my own which I have found most successful in inducing premature labor, is taking a flexible whalebone bougie, introducing it between the membranes and the uterine wall, high up into the uterus, and sweeping it gently around for one or two inches in either direction. This has not failed me in

any instance in bringing on labor.
WILLIAM S. GARDNER, M.D., Sec y. 410 HANOVER STREET.

# The Polyclinic.

JEFFERSON MEDICAL COLLEGE HOSPITAL. Reported by J. T. TAYLOR, M.D.

N speaking of a case of incontinence of urine, occurring in a boy ten years of age, Dr. Rex said that you should endeavor, if possible, to ascertain the cause—whether that be due to a relaxed condition of the sphincter of the bladder or some remote reflex condition. Frequently, he said, incontinence is due to an irritable condition of the urine itself; to a relaxed sphincter; to a calculus in the bladder; and in some to an adherent prepuce, which was the case in

this particular instance. For this condition, he breaks up the adhesions by separating the prepuce from the glans, which was done in this case with some difficulty. In cases where belladonna is administered. begin with about 3 drops, increasing a drop each day until its physiological effects are produced; then holding at that for a few days; then gradually reduce. In a hyperæsthetic condition of the bladder a good combination is:

the Ho

mai

mithon a first goth in

R.—Potassii bromidi........gr. xx-xxx.
Tr. belladonnæ..........gtt. iij. M.

The patient was ordered 10 drops of liquor potassa in milk every three hours, and alcoholic baths in proportion of 1 drachm to 6 drachms of water, and the following prescription:

Prof. Keen recently operated on a man seventy five rears of age for hydrocele, doing a radical operation. After removing the tunica vaginalis, which had be-come enormously thickened, he stitched the edges together with a continuous suture, so that any small vessels remaining bleeding would be checked in this way. A rubber-tube and horse-hair were used for drainage. The rubber-tube, he said, should be re-moved in twenty-four hours; the horse-hair in three or four days; and, at the end of five or six days, remove the stitches.

For a patient complaining of neuralgic pains, severe headache, at times vomiting, irregular menstruation, very anæmic, no heart lesions, was given a modification of Blaud's pill, viz.:

R.—Ferri sulph. exsiccati, M .- Ft. in pil. No. 1.

In a case of simple goitre, iodide of potassium was given internally, and iodine and lanolin painted over the external surface of the goitre.

A case of cancer of the pylorus brought to the clinic presented these symptoms: The patient was forty-seven years of age; had previously enjoyed good health; has pain in the epigastrium, aggravated by eating, generally coming on some time after meals; great emaciation; constipation; temperature below the normal; has never vomited blood; pain on pal-pation, localized at one point; a hard, resisting mass was felt in the right hypochondriac region. The was felt in the right hypochondriac region. The treatment was symptomatic. An easily assimilated diet. For the relief of the pain, cannabis Indica. Bichloride of mercury, 10 grain, in solution, three times

In speaking of a case of pneumonia, it was asserted that early delirium in pneumonia was strongly sug-gestive of intemperate habits. The treatment should consist in keeping the patient well stimulated with brandy, to be substituted later with quinine.

Prof. Brinton, in speaking to the class on cystitis, said that it is very frequently produced by the introduction into the bladder of filthy instruments, and frequently, too, from the "residual urine" that has undergone ammoniacal changes. The treatment should consist in civiles the retired to the consist in civiles the civiles consist in giving the patient hop-tea, poultices over

the lower part of the abdomen and over the bladder. Hot sand bags do not permit any of the urine to remain in the bladder. Wash out the bladder frequently with some antiseptic solution, a good formula being:

he ffi-

d, ch

en

Prof. Brinton, at a recent lecture, gave the class the following plan for making filiform bougies: Take a whalebone strip, which, when split in two, will make two bougies; cut off the end perfectly square, then make a round or olive point by rotating the end on a piece of emery paper; to make the neck, make a series of incisions, and, commencing three inches from the point of the filiform with the edge of the knife, scrape toward the point; the neck should slope gradually to the point, then it should be made to pass through a tunnel catheter, and, lastly, finished by passing a number of times rapidly through the catheter.

For atonic dyspepsia Dr. Brubaker recommends:

Prof. Parvin says hemorrhage from uterine fibroids can be checked by the use of electricity or hot water injections.

COMPARISON OF THE OCULAR TROUBLES IN LO-COMOTOR ATAXIA, MULTIPLE SCLEROSIS, AND HYS-TERIA.—In a recent clinical lecture at the Salpetrière, Charcot considered comparatively the ocular troubles occurring in tabes, multiple sclerosis, and hysteria.

Amblyopia with nacreous degeneration of the papilla is often the first symptom of locomotor ataxia, even preceding the motor incoördination, the diminution of the reflexes, the lightning pains, by many

Nystagmus, when not hereditary, has a symptomatic value almost as great in the diagnosis of disseminated sclerosis.

In tabes, paralyses of the motor muscles of the globe of the eye are very frequent, especially paralysis of the muscles innervated by the motores oculorum. When in presence of the diplopia proper to paralysis of the third pair, one should always have in mind the probability of tabes. Paralysis of the abducens has also been witnessed in tabes, but very rarely.

In disseminated sclerosis, it is the abducens which is attacked in preference; paralysis of the motores oculorum is much less frequently seen.

Hysteria may sometimes engender strabismus by paralysis or by spasm; it may give rise to associated paralyses, but never to nystagmus. In hysteria, there is also the lid-drop, and the ptosis is due, not to paralysis of the levator muscle, but to spasm of the orbicularis. We find, moreover, in hysteria, a symptom not met with in any other affection, namely, monocular diplopia, so well-studied by Parinaud. Diplopia is generally binocular, and is due to paralysis of the third pair or of the abducens.

The condition of the pupils in locomotor ataxia is peculiar; they are generally contracted. This is especially noticeable in patients who have blue eyes. Sometimes the pupils are unequal; one is moderately dilated, the other is small. This inequality of the pupils is only seen in two diseases, general paralysis

and locomotor ataxia. There is another sign equally common to these two affections, that is, what is designated under the name of the Argyl-Robertson pupil. If near to one of these pupils when moderately dilated you hold a light, the pupil does not contract; if you place the patient in a dark room, you will observe that the pupils fail to dilate. The pupils do not contract under the influence of light, while under the influence of efforts of accommodation, they react as in the normal state.

Nothing of this kind is observed in multiple sclerosis. Generally in this affection there is nothing special to remark in reference to the pupil.

In tabes, one may frequently witness sclerosis of the optic nerve; the ophthalmoscopic observation is like an autopsy on the living subject. The retinal vessels are seen to be small and atrophied; the nerve has a pearly-pale, anæmic aspect (nacreous papilla); these appearances are always of unfavorable augury, and the patient who presents them will be surely tabetic and blind in the course of a year or two.

In multiple sclerosis, there may be lesions of the fundus oculi, but both eyes are not irretrievably affected, and the amblyopia lasts only four or five months; at the end of this time, there is alway an amelioration. Ulthoff, out of one hundred cases, noticed but one case of blindness. In this form of sclerosis, the contours of papilla are less sharp than in the normal state; there is a sort of cloudy exudation, the vessels are atrophied; the general aspect is that of a dull, vellowish white in extreme cases.

tion, the vessels are atrophied; the general aspect is that of a dull, yellowish-white in extreme cases.

In hysteria, there may be amblyopia, even complete amaurosis, but the modifications of the papilla noted in sclerosis are never witnessed; the functional troubles may be very pronounced, but are sure to disappear. Hysteria almost always causes a contraction of the visual field, which is concentric instead of being irregular, as is the case in locomotor ataxia. In the latter disease, the campimetric image presents notches and indentations; at the same time, there supervenes a dys. romatopsia which has quite peculiar characters. An individual, who is not affected with congenital Daltonism, will affirm that the pantaloons of the foot soldiers appear to him black; the trees, instead of being green, are to him of a grayish-black color; at the same time vision for yellow and blue is still perfectly good. By and by the vision for yellow and blue ceases in its turn, the visual field contracts more and more, till white itself is no longer perceived.

In hysteria, dyschromatopsia is much less frequent than in tabes, and when it does exist, the colors do not disappear in the same order. It is first the blue which is no longer perceived, then the yellow, then the other colors successively, with the exception of red, which persists alone during a very long time.

In disseminated sclerosis, there is nothing to note respecting the visual field or the perception of colors.

—Boston Med. and Surg. Jour.

ALCOHOL IN ALBUMINURIA.—Dr. Guvich has examined very minutely the effects of giving alcohol in a number of cases of both chronic and acute forms of nephritis in the wards of the Obukhoff Hospital in St. Petersburg, and comes to the conclusion that in both classes of cases moderate quantities—that is to say, from three to six ounces of spirit containing 40 or 50 per cent. of alcohol—may be given daily for a fortnight without in any way acting injuriously on the kidneys, and without increasing the amount of albumen in the urine. It does not, he finds, exert any effect upon the quantity of urine secreted.—Lancel.

# The Times and Register

A Weekly Journal of Medicine and Surgery.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
A. E. ROUSSEL, M.D., French Exchanges.
W. F. HUTCHINBON, M.D., Italian and Spanish Exchanges.
C. D. SPIVAK, M.D., Russian and German Exchanges.
GEO. WHARTON McMULLIN, Manager Advertising Department.

THE TIMES AND REGISTER,

PHILADELPHIA MEDICAL TIMES,
THE MEDICAL REGISTER,
THE POLYCLINIC,
THE AMERICAN MEDICAL DIGEST,

PUBLISHED UNDER THE AUSPICES OF THE AMERICAN MEDICAL PRESS ASSOCIATION.

Published by the MEDICAI, PRESS Co., Limited.
Address all communications to 1775 Arch Street, Philadelphia.
NEW YORK OFFICE: No. 214 Rast 34th Street (Polyclinic Building).

New York and Philadelphia, April 11, 1891.

### MALARIAL HEMATURIA.

N the Atlanta Medical and Surgical Journal for April we find two communications upon the above subject. In one, Dr. Howell strongly combats the idea that quinine is the cause of malarial hemoglobinuria; pointing out the fact that in all the fatal cases reported by Dr. Martin, calomel was given in connection with the quinine, and the former was the toxic agent. Dr. Howell states that quinine is not always found to have been given previous to the occurrence of hemorrhage in malaria; consequently this drug cannot be the only cause. It remains, then, to be proved that identical symptoms may be produced by two diverse and, indeed, diametrically opposite causes; namely, quinine and malaria. The same reasoning may be applied as well to Dr. Powell's theory, that calomel is the cause of the hemoglobinuria. If calomel is proved to have in every case been administered previous to the hemorrhage, it will occupy the most prominent place among the assumed causes; if not, the likelihood of calomel and malaria both causing the same form of hemorrhage is uncertain; though not equally so with quinine. Dr. Howell then quotes a table from Feraud, showing that when quinine in very small doses is given, with calomel in large doses, the mortality from malaria is great; and as the quinine is increased and the calomel diminished, the mortality lessens; until, when quinine alone is given, in large doses, there are no deaths at all.

It is a pity Dr. Howell has not enhanced the value of his article by giving the source of his quotation, which is quite conclusive if authentic and confirmed by extended experience. What is worth doing at all is worth doing well.

When will men learn that if they wish to obtain accuracy in testing a drug, it must be given alone? Would that Koch could inoculate the entire medical profession with his systematic methods of investigation and dispassionate manner of estimating results. We need in malarial hematuria, as in many another

foggy corner, an intelligent study of cases, and their careful recording. The facts we desire are these:

r. Does hemoglobinuria ever occur in malarial cases, where no quinine, arsenic or calomel has been previously administered?

2. What is the course of the disease if uninfluenced by treatment?

3. In what proportion of cases do the symptoms become graver after the administration of these or other drugs, given singly?

When we are supplied with such data we shall be prepared to decide this important question; until we have them, all that is said on either side is of little consequence; as one excellent practitioner will have a conviction that quinine cures; another an impression that it kills; and neither has taken enough pains to study the question to entitle him to have any opinion at all. Give us facts, gentlemen, and not opinions. Greater is he that can record a few cases correctly than he that hath constructed an interpretation of the Apocalypse.

# Annotations.

A T the suggestion of Dr. William Perry Watson, Secretary of the State Board of Medical Rx-aminers of New Jersey, Dr. Rauch has called a meeting of one or more representatives of the various medical licensing boards in the United States, to be held in Washington, D. C., on May 6, during the meeting of the American Medical Association, in order to effect a permanent organization, and to make rules and examinations as nearly uniform as possible. Licensing boards now control medical practice in twenty-one States. It is expected that much good will come of this meeting.

In The Lancet, Greig Smith describes a curious case. Ileostomy was performed to relieve intestinal obstruction. This was due to a solid, globular tumor, the size of a child's head at birth, and was looked upon as probably sarcomatous. For this reason it was not removed at the operation; but the tumor gradually became smaller, until at the end of fourteen months from the operation, it had entirely disappeared. The tumor was certainly not feel. An aspirator needle was passed deeply into it, and showed it to be solid. The puncture bled freely. It was on the left side of the abdomen, and extended from the pelvis to the umbilicus. It was firmly fixed, of a dusky hue, and large vessels coursed over it. The patient was a man, aged twenty-five years. Such cases must be exceeding rare; inasmuch as very few go unrecorded, and the published instances are not often seen in the journals.

THE most elaborate clinical chart we have yet seen is that just issued by Drs. Bailey and Linsley, and entitled The Post-Graduate Clinical Chart. It contains a printed schedule for the first examination, with diagrams for the back and frost of the chest; a laryngeal page, also with diagrams; charts for temperature, pulse and respiration; and pages for the daily record of general and special symptoms. The price is twenty cents per book; each containing pages for recording one case for eight weeks. There are special cases occurring in every

physician's practice, for which he needs something he more elaborate than the ordinary charts; and this need is fully fulfilled by the one before us. This can be obtained from Dr. Linsley, 226 East Twentieth street, New York City.

rial

een

ced

be we ttle

ins

pinoincor-

ixetdi-

in of fect

ex-

lar

ras his

be

ely al. und It led ed., it.

In all the various systems of physical culture now in vogue the greatest importance is attached to taking the breath properly. The breathing should be slow and deep, six breaths a minute being a safe average. There is still a difference of opinion in respect to the relative value of abdominal and chest breathing, and each system has its advantages. One of the best exercises for increasing the capacity of the longs is to draw a full breath very slowly and through the nose. Keep the lungs inflated as long as possible, and then expel the air suddenly through the mouth and repeat the process. Care should be taken not to try to make the period of holding the breath too long at the start; the more gradually the power of doing this is attained the better will be the permanent results. There are many breathing exercises, and one of the best is the taking of a deep breath and swinging the arms, first one then the other and finally both, while the breath is inhaled. Excessive practice of any system should be avoided and the golden rule of taking moderate and judicious exercise should be observered.

THE use of baths of all kinds has been rapidly on the increase in this country of late years, and the Turkish bath is now recognized as a necessity by thoroughgoing disciples of hygiene. By such a recent invention will gladly be received. This invention consists of a flexible bath-tub, that can be rolled and folded up in a small package, which can be easily atweed out of the way. It is thus a handy article for persons traveling or occupying rooms, and under all conditions it provides a prompt means of obtaining a Turkish, vapor or steam bath, the heat being furnished either by an alcohol lamp or a steamer. The cover of the bath is conveniently arranged, and a flap in the top of it is left open until the person has entered the bath, when it is buttoned like the rest of the cover, a collar of soft cloth fastening around the math so as to prevent the escape of steam or hot air, while at the same time allowing the person in the lath to move about. When a dry heat is required an alcohol lamp is introduced within the bath, and when steam is required it is provided by the use of a suitably constructed steamer. Should a douche be required after the bath a waterproof cloth, with the edges turned up, is used to catch the water.

# SOME ATYPICAL PHENOMENA IN TYPHOID FEVER.

THE variations from the typical course of typhoid fever are often very striking. Dr. Alexander itcPhedran, in The Canadian Practitioner for March 16, has grouped some of the most interesting irregularities of the disease. Frequently, instead of the fradual rise of temperature at the onset of the disease, there will be a decided chill, followed by a rapid rise of temperature; while in other cases, still more frequently the initial symptoms will be vomiting and furging associated with a high temperature. To interest temperature record it is necessary that several observations be made daily, instead of the mail two or three times per day. In many of his the McPhedran finds the fever aborts after a duration

of from seven to ten days or less. There is another class in which the elevation of temperature is of short duration. In these, the temperature never high, falls to normal, or even below, after a few days, although the disease does not abort. In a third class, instead of febrile movement the temperature is normal or subnormal throughout. Phlebitis is an interesting complication of the disease. That it is a phlebitis, or an endo-phlebitis, with thrombosis resulting, there can be little doubt, and that the immediate cause is septic is rendered almost certain by the pyzemic character of the consequent febrile disturbance. What the nature of the sepsis is, and whether it is the same in all cases, requires further investigation to decide. The phlebitis occurring during the fever is probably directly due to the bacteria of typhoid; phlebitis occurring as a sequel is probably caused by the absorption of septic poisons from the intestines, where they are generated by the processes of ulceration and decommosition.

When post febrile insanity occurs as one of the sequellæ of the disease it is desirable that, when possible, it should be treated at home to avoid the unpleasant after feeling that attaches to incarceration in an asylum. The treatment should consist in careful, constant watching, the fullest possible nourishment, tonics, good hygienic surroundings, massage, and rest in bed.

Constipation, while generally of favorable prognostic significance, may give rise to symptoms of grave ptomaine poisoning. It would seem as if the excreta being retained in the intestinal canal the poisons are absorbed freely into the system.

# Book Notices.

A DERMATOLOGICAL BIBLIOGRAPHY. Compiled by GRORGE THOMAS JACKSON, M.D., New York. 1891.

A catalogue of books on dermatology and syphilis, begun for the compiler's own use, and presented to the American Dermatological Association.

Some Remarks on the Uses of Phosphorus and Its Compounds in the Human Economy. For the Medical Profession. Part X. New York: Jas. I. Fellows, 48 Vesey street. 1890.

REPORT OF THE BOARD OF HEALTH OF THE CITY OF READING, PA. For the year 1890.

Instruvul De Chirurghe, Anul 1890-91. Bucuresci, Lito-Tipografia Carol Göbl, 16, Strada Doaumei, 16. 1891.

The volume contains articles as follows: Aristol, de Dr. T. Romano; Tratamentul Rheumatismului, prin mercur, de Dr. V. Calalb; Puls si Temperatura, de Dr. G. Tzoncin; Cercetari asupra Meduvei prelungite, de C. Popescu; Topographia Cranio-cerebrata, de Prof. Assaky (beautifully illustrated by colored plates and engravings); Acidului di iodosalicylic, de Dr. V. Calalb; Iodhydratul de Iodat de Chinina, de Dr. G. Tzoncin; Diagnosticul Tumorilor Intra-abdominale, de Prof. Assaky (illustrated by eight photographs). The remainder of the book is occupied by clinical lectures, delivered by Prof. Assaky. The paper, typography, and binding would be creditable to Blakiston, and show how Roumania has advanced in the ways of civilization.

THE VHAR-BOOK OF TREATMENT FOR 1891. Philadelphia: Les Bros. & Co. 1891. Cloth, pp. 480. A concise epitome of what the authors consider the most important articles of the year. This year's volume is larger than usual, but differs in no other respect from its predecessors. That it is in any sense a complete summary is not to be experted; nevertheless, it is a useful book, and contains abstracts of many valuable papers.

MANUAL OF THE DOMESTIC HYGIENE OF THE CHILD. For the use of Students, Teachers, Physicians, Sanitary Officials, and Mothers. By JULIUS UFFELMANN, M.D. Translated by Harriot Ransom Millnowski. Edited by Mary Putnam Jacobi, M.D. New York and London: G. P. Putnam's Sons. 1891. Cloth, 8vo, pp. 229.

Dr. Jacobi's warm recommendation of this book is enough to indicate its value; and an examination shows this good opinion to be well-founded. Between the author and the editor the happy mean is well secured of making the work intelligible to the non-professional reader and still of value to the searcher for facts stated with scientific precision. 'The chapter on artificial feeding is good as far as it goes; but many of the articles mentioned are unfamiliar to eyes occidental, while foods concerning which we would have been glad to know the author's opinion are not mentioned. After reading this chapter we feel convinced that the science of preparing infants' food cannot be carried to the perfection in Germany it has reached here. It is to be regretted that the editor, who has added so much of value to the original book, has not supplemented this deficiency out of her own stores. But let not the reader conclude from this that the book is not of worth. It is the critic's duty to show that even where so much is given more might have been added with advantage. In many respects this book is commendable; and we would advise our readers to purchase and read it, as an excellent introduction to the summer's work.

# The Medical Digest.

NIGHTMARE.—This trouble may be a forerunner of heart disease, apoplexy, epilepsy, etc. This being the case it will certainly stand every practitioner in hand to make a close investigation of these cases, and if possible remove the cause and prevent further danger.—E. E. Bamford, *Med. Brief*.

GLEET.—In four years I have treated fifty cases of inveterate gleet, with most satisfactory results, by the introduction into the urethra of Beniqué's duly curved tin bougies, anointed with either Unna's salve:

ROLER.	-Ol. cacao	gr. xv.
Infacts	Ceræ flavæ	
les er tros	Bals. Peruv	
Alberto Lor	Argenti nitratis	gr. xv.
M	F. ung.	
3199-0	Maria Labouring Linesday	angete. de C

# Or Sperling's: vitalities of was

R	-Lanolin	i			3v.	because
g.dhe	Ceræ al	bæ			3job	levo/s
riocr	Argenti	nitratis	*******	A	gr. jss-	vss.
M - I	ung.	and world	my Pent	is alon	hindu	dramaria.
-		_Grad	at 411	meta M	S 6	Tour

Spontaneous Combustion.—At the Manchester Pathological Society, Dr. E. S. Reynolds read a paper on So-called Spontaneous Combustion, with details of a recent case. All the reported cases of so-called spontaneous combustion might be divided into five classes—(a) hysterical, (b) spurious, (c) true sponta-

neous combustion, (d) increased combustibility, (e) homicidal. Probably no such thing as true spontaneous combustion had ever occurred, and almost every case was merely one of increased combustibility, the body being first set on fire, and then going on burning independently like a candle. The presence of fat in the body was a great aid, although some patients had been thin; alcohol seemed to play a more important part, but how it acted was unknown. In a recent case a thin woman, aged forty, had, while drunk, fallen near a hearth, where she was found next morning with the flesh still burning. The femora were carbonized, the knee-joints open, but the stockings entire. The abdominal wall was burnt away, and the intestines and stomach protruding the latter being burnt through; the hands, head and hair had escaped. The surrounding furniture was merely scorched.—Brit. Med. Jour.

CEREBRAL SYPHILIS.—Syphilis is indicated with sufficient probability to determine the treatment, irrespective of other signs of the disease and the patient's history, in the following cases:

 Sudden cerebral hemiplegia in patients under forty-five, in whom atheroma, high arterial pressure, and the causes of embolism, notably endocarditis,

can be excluded.

Progressive multiple cerebral palsies.
 Insomnia and nocturnal headache, followed either by cranial nerve palsy or cortical irritation.

4. Sudden stupor or coma, without other assignable cause. Somnolence, resembling that of alcoholic intoxication, with pain in the head and aimless, automatic actions.

5. Paretic dementia, in which syphilis cannot be excluded, especially with prodromal nocturnal headache, insomnia, or somnolence and early epilepsy.

In all of these forms the prognosis is good, compared with the gravity of similar symptoms not due to syphilis, but it should be guarded on account of the possibility of irreparable damage having been already done, and the occasional impossibility of securing the absorption of a gumma.—Perching, Med. News.

A METHOD OF ADMINISTERING IRON IN LARGE QUANTITIES.—With a view of seeing how much iron an anæmic person could take, and also whether the rapidity of progress would be hastened, I determined to try on a suitable case the effect of an almost continuous administration of the perchloride of iron.

I took a very extreme case of anemia which presented itself in a girl of nineteen years, who worked in a tailor's shop, and who had been getting gradually worse for two years. She lay in bed, hardly able to move without causing dyspnoea, and showing lips and eyelids almost as bloodless as her cheeks. Having improved her digestive organs a little I began to administer the iron. I placed by her side a quart bottle of a solution of the tinct. ferri perchlor, with some sp. chloroformi and a tumbler, telling her to sip at it as much as she could day and night. This method of taking medicine she entered into with much zest, taking nearly three pints in the first twenty-four hours. The strength was gradually increased from 5 minims per ounce to 25 minims, and

creased from 5 minims per ounce to 25 minims, and she continued to get through about a quart a day.

She improved most rapidly, and before she left the hospital, which she did in four weeks, was able to busy herself in the ward for the whole day without fatigue. The amount of iron consumed in twenty-seven days was exactly 30 ounces of the British Pharmacopaia tinct. ferri perchlor., and that large quantity

without upsetting the stomach or necessitating the use of any stronger purgative than a pill of aloes and nux vomica administered daily. If, on the other hand, she had taken the iron three times a day in doses of 20 minims, the amount consumed in the same period would have been 3 ounces 3 drachms. It is generally held in the treatment of anæmia

onta-

most

ility, g on

ence

pa-

In

hile

und The

but

urnt

ing,

and

with

ent,

pa-

nder

ure,

itis,

wed

ign-

less,

t be

omdue

the

ady

the

RGE

the

com-

preked

du-

dly

ing

gan

iart vith

to his with

in-

the

out

ty-

It is generally held in the treatment of anæmia that small doses are as efficacious as large, owing, I believe, to the fact that large doses so frequently upset the digestive tract, and so prevent absorption. Now by the continuous method, with a tractable patient, one gets a very large amount taken, but in a very dilute form, and also the patient's stomach is able to decide when, and how much at a time, it is willing to receive.—C. H. Taylor, Brit. Med. Jour.

SALOL AS AN ANTISEPTIC IN CANCER OF THE UTERUS.—Of the symptoms characterizing cancer of the uterus in its later stages, more especially when it is complicated by a vesico vaginal fistula, none is more trying to the poor sufferer than the repulsive odor proceeding from the diseased surface. The palliative means in ordinary use, such as injections of carbolic lotion, sublimate and iodized solutions, vaginal suppositories of iodoform, etc., are only partially successful in mitigating the fetor which renders the last days of the patient a veritable martyrdom to herself and to her entourage. In salol administered internally in daily doses of from two to four grammes (increased if need be to six or eight grammes, and continued uninterruptedly for a long time) Dr. Marty, of Toulouse, claims to have discovered a sovereign remedy for this state of things, provided there be a communication between the vagina and the bladder. The urine, flowing constantly over the diseased tissues and impregnated with the products of the decomposition of the salol—viz., a phenylsulphate and salicyclic acid—keeps the parts sweet, and its action adds greatly to the comfort of the patient.

Acute Transitory Œdema of Lung during the PNEUMONIC CRISIS .- Dr. Max Kahane, of Vienna, records two remarkable cases of acute transitory cedema of the lung occurring just at the commencement of crisis in the course of acute pneumonia (Centralblatt für Klinische Medicin, No. 10, 1891). Two laborers were under observation at the same time, all points of the two cases closely resembling one an-The patients had both been more or less addicted to alcohol, and had both reached the point of crisis from ordinary acute pneumonia, the temperature having just begun to fall. When seen at this riod they were found to be extremely collapsed, with very weak heart action, covered with cold sweat and cyanotic. The chests were examined, and in both cases all the physical signs of cedema of the lung were present over the greater part of both lungs. Restoratives being promptly applied, a marked change was almost immediately observed, and on further examination it was found that the signs of medema were rapidly clearing up, and in a very short time had disappeared entirely. The normal course of "crisis" followed, and the patients made a good recovery. There was no excessive expectoration of watery fluid from the lungs after the subsidence of the cedema. Edema of the lungs is not by any means rare after acute pneumonia, but it is almost always fatal. The sudden onset in cases where the heart's action had become so greatly depressed, just at the moment when the great change of crisis had begun, is remarkable, but not easily explainable.

—Bril. Med. Jour.

USTILAGO MAIDIS.—I have, in a dozen cases of tedious labor, administered ustilago maidis, and for the same purpose, in more than a hundred, adminis-tered secale cornutum, and will now deduce some of their differences of action. I have noticed that the secale cornutum generally produces one continued, persistent contraction of the uterus, while the ustilago maidis increases the power of action of the uterus and the frequency of its rhythmical muscular contractions; it does not prevent the rhythym of parturition; and thus, though I never lost a patient or child in the administration of either remedy, I can fairly infer that secale cornutum is more dangerous to the life of the child than ustilago maidis, on account of the ustilago maidis allowing of the alternate contraction and relaxation of the uterus. I find that it has no virtue in preventing or curing post-partum or ante-partum hemorrhage, and I have sometimes with good effect administered secale cornutum to cure post-partum hemorrhage after having accomplished the delivery by the aid of the ustilago maidis. I find that in cases of abortion without hemorrhage, when it is perceived that it cannot be prevented, that ustilago maidis is the best agent to hasten their completion. I find that although ustilago maidis has no virtue in curing ante-partum, or post-partum hemorrhage, it is a very sure remedy for ordinary amenorrhœa.

The dose of the saturated tincture is one drachm, given oftener or more freely than secale cornutum. It has no advantages over secale cornutum in the treatment of fibroids; but would be nearly as good.

-Hubbard, Med. Brief.

DEATH FROM SUFFOCATION WHILE RECOVERING FROM ETHERIZATION.—Dr. Walter W. H. Tate, resident medical officer, University College Hospital, has sent us the following particulars of a case upon which an inquest was recently held; some of the reports published have incorrectly attributed the death to chloroform. "H. P., aged twenty, came up to this hospital on March 12, to have the operation of circumcision performed, which was rendered neces-sary owing to the presence of phimosis. He had been instructed in the morning to have no food after 2 o'clock, the time for the operation being fixed for 8 P.M. Ether was administered, and the patient took it well all the time, and the operation was completed without any trouble. The anæsthetic had been sus-pended for five minutes when the patient began to vomit, and during the vomiting he became suddenly cyanosed and stopped breathing. The operator then passed his finger to the back of the pharynx and removed a large piece of undigested meat, which was found fixed in that region. This did not relieve the breathings, so laryngotomy was performed, and an attempt was made to clear the trachea, but without success. Artificial respiration was employed, but the patient never rallied. At the subsequent post-mortem examination it was found that a large mass of partially digested meat was fixed in the lower part of the trachea, extending into the two bronchi, and completely closing the lumen of the tube, and the stomach was found to be loaded with semidigested food. At the inquest the patient's friends informed us that he had a large meal at 4 o'clock in the afternoon; and it is probable that if he had carried out his instructions with record to abstingues from food his instructions with regard to abstinence from food the accident would not have occurred. The death was certainly not in any way due to the ansesthetic used."—British Med. Jour. DRESSINGS USED IN BILLROTH'S CLINIQUE. - I. Iodoform Gauze: This is first sterilized, and then it is soaked in the following mixture: Iodoform, 50 grains; glycerine, 100; alcohol, 400; then squeezed, and dried with sterilized cloth.

2. Klebende Iodoform Gauze (colophonium used in

its preparation).
3. Tannin Iodoform Gauze.

3. Tannin loaoform Gauze.

Silk: This is almost the only thing used for sutures, etc. It is disinfected as follows: Boiled in 5 per cent. carbolic lotion for an hour, then wrung out with disinfected hands, and boiled for another hour in 5 per cent. carbolic, then left for fourteen days in carbolic lotion, when it is ready to be used.

Catgut: First washed with potash soap, then laid

twice for twelve hours in ethylic æther, then dried, and sterilized in a dry chamber by raising the tem-perature to 120° C., then laid in 1 to 1,000 sublimate for twenty-four hours, and finally kept for use in

absolute alcohol.

Instruments before laparotomy to be boiled for one

hour in 5 per cent. carbolic lotion.

Silk, catgut, and instruments, during the operation, placed in 21/2 per cent. carbolic lotion; not in 5 per cent., as was previously done.

Needles, clamps, saws, lie always in 15 per cent,

carbolic glycerine.

Hypodermic needles and syringes kept in 15 per cent, carbolic oil.

Drains kept at least fourteen days in carbolic lotion

before use, and always remain therein.

Sponges not used, hydrophile gauze being em-oyed instead. Pieces are folded (tenfold), sterilployed instead. ized in the hot oven, and then boiled for one hour in carbolic lotion, 5 per cent.; then kept in carbolic or in sublimate, to per cent.; and, just before the operation, placed in 1 to 3,000 of a sublimate solution.

During the operation the wound is washed in a r to 3,000-5,000 sublimate solution, which is also used for the hands, tartaric acid being added to lotion, as well as fuchin to color it.—Med. Press.

CAMPHORIC ACID IN NIGHT-SWEATS. - A man, aged thirty-five, was brought into the hospital in the early part of January, suffering from advanced phthisis, with a large cavity at the left apex, and with numerous smaller cavities in both lungs. There was a good deal of expectoration of purulent matter, and a loose, racking cough; rapidly progressing emaciation, with that peculiar flattening of the wrist which we so often see, so that the forearms looked like laths; and with such persistent and aggravated night sweats that the occurrence of each sweat could be seen to increase very markedly his debility and asthenia. So severe was the effect of these sweats that I could always tell on entering the ward whether he had one the night before, and on one or two occasions I was shocked to notice what terrible changes had taken place during the past twenty four hours. All the anti-sudorific remedies which I could think of were employed, without any avail, or with only a slight decrease in the quantity of the sweat. Finally, in despair, I turned to camphoric acid, and ordered that 20 grains of the drug should be administered stirred up in a little milk, or placed upon the tongue and washed down with water, one hour before the time at which the sweat generally came on, namely, at 1 o'clock in the morning. To make a long story short, I can only add that during the remaining four weeks the drug absolutely controlled all sweating, although it was only given once in every twenty-four or forty-eight hours—thereby greatly increasing the or forty-eight hours—thereby greatly increasing the

patient's comfort and undoubtedly prolonging his life. It is also worthy of remark that this drug did not seem to decrease the other secretions, such as the saliva, or to cause the uncomfortable drying of the throat and feverishness of the skin so character-

istic of full doses of belladonna.

The second case was that of a woman, aged twenty-five, suffering from pulmonary phthisis of a more chronic form than that of the case which I just detailed. In this case also the sweats were very annoying, producing insomnia and loss of strength; although they did not seem to be productive of as much debility as in the case of the man. In this instance, also, camphoric acid in the dose of 20 grains produced a most pleasing effect, completely controlling the sweating. I may also add that I have employed the drug in cases of nervous exhaustion and general debility accompanied with excessive sweating, with considerable success .- Hare, Med. News.

Se of pund in the

THE SHURLY GIBBES TREATMENT OF PULMONARY TUBERCULOSIS.-For more than two years, Dr. Heneage Gibbes, Professor of Pathology, Ann Arbor University, and Dr. E. L. Shurley, Professor of Laryngology, Detroit Medical College, have been experimenting upon guinea-pigs and monkeys, inspired by the hope of discovering a cure for consumption; and at last they believe that their efforts have been crowned with a reasonable measure of success. Having demonstrated to their satisfaction that tubercu-losis could be transmitted by inoculation, they directed their attention toward the arrest of the disease in the inoculated animals. Of the many drugs used by inhalation, chlorine gas produced the best effects. They found that tubercular sputum, thoroughly saturated with chlorine gas, or mixed with fresh chlorine water, soon became innocuous. Air saturated by a spray of chloride of sodium can be inhaled readily, permitting the patient to inhale large quantities of chlorine with impunity. In addition, the investigators have employed solution of iodine and of chloride of gold and sodium, both chemically pure, in hypodermic injec-tions. The results were very remarkable:

1. Guinea-pigs or monkeys which have acquired phthisis without inoculation, or animals inoculated with the sputum of tuberculosis, can have the disease arrested and a cure accomplished by hypodermic injections of either solution of iodine or solution of

chloride of gold and sodium.

2. Guinea pigs or monkeys well iodinized will not take tuberculosis by inoculation.

3. The same animals, saturated in like manner with solution of chloride of gold and sodium, will not take tuberculosis by inoculation.

4. Guinea pigs and monkeys cannot be inoculated with tuberculosis from the sputa of patients suffering from tuberculosis, when said patients are well under the systematic influence either of the iodine or gold

solutions.

Transferring their studies to human patients, they employed daily injections of about 10 minims of soemployed daily injections of about 10 minims of solution of iodine, the amount of iodine in the solution varying from 17 to 1 of a grain; or solution of chloride of gold and sodium, dose, 15 to 17 of a grain. The injections are made with the patient standing upright, the point chosen being the upper gluteal region. In addition, daily inhalations of chlorine gas were given in a small room especially prepared for the purpose. The temperature of the room was kept at about 75° F. A spray bottle was filled with a 10 per cent, solution of chloride of sodium. This was driven into the finest spray by compressed air under driven into the finest spray by compressed air under

steam pressure, completely saturating the air of the nom. Then an ounce or two of chloride of lime was placed in an open vessel, and several drachms of hydrochloric acid added. The evolved fumes of chlorine were breathed almost with impunity by the patients. The results obtained have been excellent. Permanent improvement and apparent cures have been reported.

did

s of

ter-

en-

ore

ed. roley

25

m-

ost ng.

ity

er-

RY

11-

ot

X-

ed

n:

en

11-

n-

d

ö

d

-Brown, Canadian Practitioner, March 16, '91.

SEPTICÆMIA DUE TO SEWER GAS.—At the Clinical Society of London, Mr. C. Mansell Moullin read notes of three cases. The first was associated with a compound comminuted fracture into the ankle-joint in a healthy boy, aged twelve years; the second, with a large, cold, subgluteal abscess (probably originating in the bursa) in a man, aged fifty-two years; the third, with a compound dislocation of the metacarpus in a boy, aged seventeen years. The three cases were admitted: the first on October 9, the second on November 6, and the third on December 2, 1889. They occurred in the same bed in the same ward, and there was no other case in the ward either then or since, although at the same time and in beds immediately opposite (but on the windward side) with such injuries as compound fractures of both legs, and primary amputation of the leg, trephining for inand primary amputation of the leg, trephining for in-jury to the frontal bone, and fractured jaw. The first and the last case (those in which the injury was con-fined to the limbs) were treated by prolonged immer-sion in baths of perchloride of mercury (1 part in 10,000), the first for two hours twice a day; the last continuously. The abscess was drained thoroughly, and irrigated with carbolic lotion. In all three the symptoms presented a striking resemblance. In the first (treated by baths twice a day) the temperature rose at once, and rapidly assumed a severe remittent character. In the second it rose, not when the abscess was opened, but two days later, when the wound was exposed and followed the same type. In the third it remained normal so long as the limb was immersed, but each time an attempt was made to leave the bath off it rose at once. The first recovered after amputation; tetanus set in on the twelfth day after the in-jury, and the symptoms rapidly increased in severity until the limb was removed; then they began to fall at once, although it was nearly a fortnight before they disappeared. The second and third died, the latter of the two suffering for the last week before death from rigors, which recurred twice a day with the regularity of ague. The cause was found out by the regularity of ague. The cause was found out by Dr. Parkes in the course of an independent investigation ordered by the hospital committee. Underneath the flooring, close by the bed, was a cistern with an overflow pipe running straight down, without trap or bend, into an old sewer. This had formed part of some long since forgotten system of drainage, and had many years before been (very inefficiently) adapted to the wants of the hospital. The pipe acted as the ventilating shaft, and under the flooring there was a strong current of air setting in the direction of the bed. The pipe was sealed, and no case had octhe bed. The pipe was sealed, and no case had oc-curred since. Mr. Mansell Moullin pointed out that the poison must have been absorbed through the wound without causing any local inflammation; there was no cellulitis, lymphangitis, or phlebitis; there was no sign of any secondary abscess or of any vinceral inflammation (although one patient suffered from diarrhea), and no gross lesions of any kind (other than slight granular disease of the kidneys) were found in the post-morten examination of the

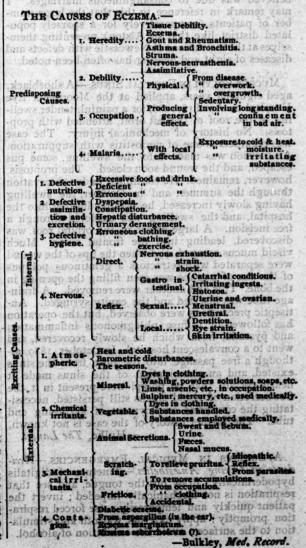
second case. Unfortunately, permission could not be obtained for the third.

Mr. Bruce Clarke stated that some years ago several cases of tetanus had occurred at the West London Hospital in two or three beds at one corner of one of the wards; and when attention was directed to the sanitary conditions, a dustheap was found outside the window, upon which bones were flung and on to which a pipe from the post mortem room drained, whilst the air from it passed into the window. When the condition of things was rectified no other case of the kind afterwards occurred.

Dr. D. Hood described a series of cases that showed the deleterious effects of sewer gas in producing inexplicably high temperatures. In another set of cases also sewer gas markedly prolonged and aggravated simple illnesses such as measles, though the patients all quickly recovered when removed to the country. He considered it very necessary to recognize the effect of sewer gas upon the natural courses of disease.

Mr. Mansell Moullin, in reply, remarked that he had seen many outbreaks of tetanus in which only one person was attacked in the same ward. There was no doubt that tetanus could be caused by external agents acting upon wounds.

-Brit. Med. Jour.



Tuberculosis in Children.—Boltz, in an inaugural dissertation presented to the University of Kiel, gives statistics respecting the relative frequency of tuberculosis in children. Among 2,576 children whose bodies were examined after death, in Kiel, between 1873 and 1889, there were 424 or 16.4 per cent. cases of tubercle. The following figures show the percentage at different ages: Still-born children, 0.0; up to four weeks, 0.0; five to ten weeks, 0.9; three to five months, 8.6; six to twelve months, 18.3; one to two years, 26.8; two to three years, 33.0; three to four years, 29.6; four to five years, 31.8; five to ten years, 34.3; ten to fifteen years, 30.1.

PHTHISIS IN HIGH ALTITUDES IN ENGLAND. The medical officer of health for Alston, noted as the highest market town in England, reports a death-rate of 13.9 per 1000 for the past year on the current census, but he believes that the new census will show a decrease in the population, which would, of course, show a corresponding increase in the death-rate. Influenza had caused two deaths, and he believes it had sown the seeds of consumption in many cases. The medical officer for Nenthead, in the same district, says that phthisis was far more prevalent than might have been expected, considering the high situation and the pure rarefied air. Something of this he also believed was due to consanguineous marriages. may remark in reference to this that the large number of patients (comparatively for a sparsely populated district like that of Alston) presenting themselves at the institutions of Newcastle with defects and diseases of sight and hearing has often been noted.

MUCOUS POLYPI IN FRONTAL SINUS. - A shoeblack, aged eighteen years, applied at the Moorfields Eye Hospital on April 18, 1888, for a painful, tender swelling of the roof of the left orbit, attended with proptosis. No history of mechanical injury. The case was regarded as one of periostitis with suppuration. An incision was made into the swelling, some pus escaped, and the wound soon closed. The proptosis, however, remained. He continued under observation through the summer, and in October, the swelling having slowly increased, he was readmitted into the hospital, and the swelling was explored through a free incision. A large defect in the orbital roof was discovered, leading into the frontal sinus. Much viscid mucus escaped, and when the lips of the wound were separated with retractors a gelatinous polypus of the size of a grape was seen filling the opening in the bone. This and another were removed. A drainage-tube was inserted and the cavity syringed. Antiseptic precautions were observed, but the operation has followed by diffuse phlegmonous inflammation and pyæmia, from which he slowly recovered, and went to a convalescent hospital. In October, 1889, although a free passage into the nose from the sinus existed, and an examination of the sinus made it nearly certain that no polypi were present in it, the free secretion of viscid mucus still persisted, necessitating the continued employment of syringing and tube. The further history of the case is not known. -Hulke, The Lancet.

APHORISMS IN MEDICAL EMERGENCIES.—Accidents in Giving Anasthetics.—Tincture of digitalis hypodermically; draw out the tongue, and see that respiration is not mechanically impeded; invert the patient quickly and temporarily; use forced respiration promptly; apply external warmth and stimulation to the surface; avoid the exhibition of alcohol.

Angina Pectoris.—Inhalation of chloroform, or of a few drops of nitrite of amyl; 178 gr. of nitro glycerine, internally; placing the feet in hot water; mustard to the pecordial region; dry cup between the shoulders; hypodermic injections of morphine and atropine; administration of stimulants and anodynes.

Me

Apoplexy.—Elevate head and shoulders; if pulse is moderately strong and the brain congested, bleed from the arm freely, sixteen ounces or more; elaterine (gr. 1/4) or croton oil, two drops in a drachm of sweet oil or glycerine; cold to the head by means of

an ice-bag.

Asphyxia.—In drowning, hold the patient's head downward for a few seconds. In hanging or choking, bleed from the jugular. If there is obstruction to passage of air through mouth or nose, open traches. Artificial respiration at once, and to be continued. Friction, warmth, warm bath (100°), ammonia to nostrils, galvanizing of phenic nerve.

Asthma, Spasmodic.—Hypodermic injection of atropine into the nape of neck; inhalation of smoke of stramonium leaves; fluid extract of nux vomica, internally; alcohol, ether, chloral, opium; inhalation of cholorform cautiously administered.

Colic, Gall.—Morphine hypodermically; inhalations of chloroform; hot application to the abdomen.

Coma.—Dark room, head high and cool; head shaved; low diet; croton oil; if due to compression, antiseptic trephining; if due to uræmia, pilocarpine and hot baths.

Heat-stroke.—Remove clothing, sprinkle with water, cold cloths to head, hot cloths to feet; antipyrine; bleeding in robust subjects. After temperature is reduced give alcohol and diffusible stimulants, hypodermically if necessary.

Pulmonary Hemorrhage.—If severe, raise the thorax, administer opiate; gallic acid fifteen grains every fifteen minutes; ergotin five to ten grains hypodermically two or three times daily; ice-bags to the chest; as a last resort a ligature may be thrown around the larger limbs. (Tyson.)

Hemorrhage from Stomach or Bowels.—Tannic acid ten to fifteen grains if due to capillary oozing. If from typhoid fever or ulcer of the stomach, treat as

for pulmonary hemorrhage.

Hiccough.—Acid drinks, cold douches, ether or chloroform internally, externally, or by inhalation, musk, opium, antispasmodics.

Hysteria.—Inhalations of ether or chloroform for the spasms. If this is contra-indicated, give monobromide of camphor, musk, valerian, assafætida, the bromides. In convulsive seizures, morphine and atropine hypodermically.

Shock,—Warmth; hot water bottle to feet, flanks and epigastrium; warm effusion to head; horizontal position; frictions, stimulants, brandy, ammonia,

galvanism to precordia.

Strangury.—Vesical, hypodermic injection of morphine, to be followed by other remedies; rectal enemata of starch water and laudanum, followed by a hot sitz bath.

-E. J. Kempf, M.D., in Am. Pract. and News.

In the Chamber of Deputies on March 17, M. Deroulède introduced a measure excluding foreign dentists from France. "I demand," he said, "that Frenchmen's teeth shall be extracted by Frenchmen." The French deputies, however, did not desire that privilege, and rejected the ex-Boulangist's proposal without a division.

# Medical News and Miscellany.

SIGN OF MEDIASTINAL "GROWTHS."

he

25. se ed

of

2

If

An anxious look, and sometimes swollen features
And hurried pulse and breathing plague the creatures.
A sternal prominence, and heart displaced,
One-sided duliness by lung-note effaced
(Or, to explain more clearly what's intended,
Percussion duliness to one side's extended,
And meeting pulmonary note—is ended).
Aortic impulse gives a throbbing local,
And o'er the growth there's fremitus and vocal
Resonance increased; and there's systolic
Murmur, threat'ning results more "diabolic."
There's bronchial breathing, and a strident rhonchus
When air is passing in or out a bronchus.
An impaired movement of thoracic wall,
And feeble breath sound, or no sound at all An anxious look, and sometimes swollen features And feeble breath sound, or no sound at all O'er one particular lobe of single lung, The "Reason Why" should not be left unsung, The "Reason Why" should not be left unsung, And this I will explain without digression. The tumor blocks a bronchus by compression. And mind! where'er the lung is much affected Some signs appear, which should not be neglected, Resembling strongly pleuritic effusion, Whose actual presence may be no illusion.

-Hosp. Gazette.

In Missouri the Examiner's bill failed in the Senate after having passed the House.

Dr. CHAUNCRY S. BURR has been appointed surgeon of the Panhandle, at Anderson, Ind.

DURING 1890 the mortality in St. Louis was 18.45 per 1,000; for February, 1891, it was 17.73.

A PHILADELPHIA lady has left her physician, Dr. John V. Shoemaker, a legacy of ten thousand dollars.

THE Countess Wanda von Szcawinska has just been admitted to the degree of Doctor of Medicine of the University of Geneva.

THE Children's Hospital of St. Louis, during 1890 treated 172 cases in the wards, and 838 in the dispensary, at a cost of \$4,953.75.

THERE is a bill before the Ohio Legislature to compel all the railroads of the State to carry doctors on freight trains. Why not compel them to carry the undertakers also?

A SYSTEM of electric cabs has been introduced in Stuttgart, and with such success that the cab-horse is likely to be relegated to other fields of usefulness. But he won't object.

THE Atlanta Medical College graduated a class of eighty on March 2, and two days later the Southern Medical College sent out into the world thirty-six young Doctors of Medicine.

An official notice has been issued by the British Foreign Office to the effect that the epidemic of typhoid fever at Florence is now at an end, and that the condition of water supply is occupying the urgent attention of the local authorities.

THE Photographic Society of Great Britain has arranged to hold an exhibition of collotype printing on April 14. In this process, as is perhaps generally known, photography plays the part of the lithographic artist, and a sensitive gelatine film that of the lithographic graphic stone. It presents certain advantages for the reproduction of scientific drawings and photo-

WE are short of TIMES AND REGISTER for January 24 and February 21. We will send a dermatograph or a copy of Rohrer's Chart of Ear Diseases in ex-change for a copy of either.

THE prospects of medical legislation at Harrisburg are not very good. The Legislature manifests an unwillingness to pass any bill that does not meet with the approval of all the schools of medical practice, and no such bill has as yet been reported.

WE have undoubtedly before us the ordeal of another visitation of influenza. This time it comes from west to east, although the spread is neither rapid nor uniform. At the same time there are reports of its reappearance in various parts of the Old World.

CONGRESS OF AMERICAN PHYSICIANS AND SUR-GRONS.—The meetings of the Congress of American Physicians and Surgeons will be held in Washington from 3 to 6 P.M., September 22, 23, 24 and 25, 1891. WILLIAM PEPPER,

Chairman of the Executive Committee.

A PESSIMISTIC writer in the *Provincial Medical* Journal thus outlines the career of "Kochism:"

- I. Eureka!
- 2. Vici.
- 3. Ave, morituri te salutant, and some and the salutant
- 4. De mortuis nil nisi bonum. Epitaph, Fuit.

WE are glad to know that Dr. Love, the accomplished editor of the Mirror, is rapidly recovering from his severe illness. Although suffering acute pain he managed to get the Mirror out on time, which is another evidence of unusual journalistic energy and devotion. What would the world be without love?—St. Louis Clinique.

A GOOD ONE ON THE BELLY-RIPPERS. - One of our practical country practitioners from one of the upper counties in this State was recently on a visit to New York, and, among the other wonders of Gotham. took in the Polyclinic. It was one of Wylie's field days, who, at the conclusion of a brilliant clinic, asked Dr. F. "what he thought of medical matters in the metropolis." Dr. F. replied: "Well, I would rather be a moonshiner down in Tennessee than a uterus up here in the hands of you New York doctors."—Southern Pract.

THE managers of the Seaside House for Invalid Women desire to invite the attention of clergymen and physicians to the advantages offered to poor sick women by the Mercer Memorial House at Atlantic City. In it a comfortably furnished private room, with board, nursing, medical treatment and medicines, can be had for four dollars per week, or about one-half the actual cost. Circulars can be had by writing for them to the Mercer Memorial House, Ohio and Pacific avenues, Atlantic City, N. J. No one is ever admitted without previous application.

"ORIGINAL Research in Relation to Animal Economics," a study by Frank S. Billings, M.D., is the title of an exceedingly interesting little pamphlet, reproducing an address by the author before the Missouri Valley Medical Association, Louisville, Ky., and also before the Chicago Academy of Medicine. It is published by the American Medical Press Co., limited, Philadelphia, but at what price we are unable to say. The work is a study not for the student ble to say. The work is a study, not for the student only, but for every farmer, breeder and citizen, and will doubtless have a very wide distribution. -Colman's Rural World.

MEDICAL PRACTITIONERS IN RUSSIA.-In July, 1890, the number of medical practitioners in Russia was 12,812, of whom 12,112 were men, and 700 women. The number of surgeons in the military and naval medical services was 2,629. The proportion of doctors to population in the Russian Empire is about 8 to 100,000. The total number of persons who received licenses to practice medicine from the various medical faculties of the Russian Empire during 1890 was 775. Of these 90 obtained the degree of Doctor of Medicine, and 685 the diploma of "Medical Practitioner."

THE Missouri House has passed a bill requiring medical students to take a three years' course before graduating; to undergo a preliminary examination before matriculating, unless he presents a teacher's certificate, etc.; the regular course to include pathology, hygiene and jurisprudence, besides the immortal seven; the terms to be at least six months; regular attendances, bi-weekly quizzes; two courses of dissection, and two terms hospital and clinical instruction. Colleges must show the possession of facilities for teaching. No penalty is provided for neglect to enforce.—Weekly Med. Review.

AN ABNORMAL DEATH RATE.—For the first three days of this week the returns to the office of the registrar of vital statistics show a death list of 490. Yesterday's mortality was 165 and Monday's 194. Last month's mortuary record is 3,249, whereof more than 1,000 deaths were attributable to grip, or to chest diseases directly attributable to that prevalent malady. Dr. Wickersham insists that in justice to Chicago it should be remembered that "filth diseases," fevers and the like, are abnormally few, and only diseases due to unavoidable climatic changes are responsible for the great mortality.

-Chicago News, Apr. 1.

Ar the Philadelphia County Medical Society,

April 8, the following papers were read:
Surgical Scarlatina, Complicating a Trephining
Operation, followed by Cases of Simple Scarlatina, by Dr. James Hendrie Lloyd; discussed by Drs. Willard, Deaver, Stelwagon, Curtin, J. C. Wilson, and E. P. Davis.

Interesting Cases of Abdominal Surgery, by Dr. M. Price.

Abdominal Surgery at the Kensington Hospital for Women, by Dr. Chas. P. Noble.

Albuminuria of Pregnancy, two cases, by Dr. A. J. Downes.

A VERY pleasant little excursion was made week before last to Winslow Inn, at Winslow Junction, New Jersey. The party consisted of Drs. W. M. Welch, Philip Leidy, Wm. B. Atkinson, and A. G. Reed, with their wives; H. St. Clair Ash and W. F. Waugh. The Inn has just been opened for guests. It is situated in the New Jersey pine belt, and offers all the advantages of that locality. The Inn is newly erected, and has twenty-four bed-rooms, wide sun-parlors, artesian and cedar water; the best heating arrangements, including steam coils and open wood grates in each room; a billiard-room, smokingroom, and all the usual appliances for the comfort of guests, invalid or otherwise. Judging by the experience of the party, the cuisine is in fully competent

Situated within thirty miles of Philadelphia, this should be a very desirable resort for those who need rest and quiet, with the pure air of the pine woods, within a few minutes ride of the city.

WEEKLY Report of Interments in Philadelphia from March 28 to April 4, 1801 :

CAUSES OF DEATE.  CAUSES OF DEATE.  CAUSES OF DEATE.  CAUSES OF DEATE.  ASTRONOMY.	Adults.	Minors.	CAUSES OF DRATE, PERSONAL AND STREET	Adults.	Minors.
Abscess		(8)	Hemorrhage	- 7	
Anæmia		11.2	Inanition	1	1
Alcoholism		12.7	Influenza	3	5
Apoplexy	3 16	31	Inflammation bladden	3	1
Asphyxia	-		brain	3	
Asthma	1		" bronchi		9
Bright's disease	12	SHE	" kidneys		13
Burns and scalds		- 1	laryex		SE
Cancer	10		lungs	1	1
Casualties	5		nericaedium	9-	19
Congestion of the brain	1	7	" peritoneum	3	18
" lungs	5	2	pleura		1 2
" " liver		1	s. & bowels	3	
Cholera infantum	13.5	2	uterus	1	
Cirrhosis of the liver	113	135	Insanity	1 44.7	
Concussion of the brain		01	Jaundice	3	
Consumption of the lungs			Locomotor ataxia		1
" " throat			Leucocythemia		
Convulsions	10.	18		1	
Croup.	1935	7	Necrosis of vertebra	100	13
Cyanosis		1	Obstruction of the bowels	3	-
Debility		2	Old age	14	
Diabetes		1.3	Paralysis	II	
Diarrhœa		11		100	1
Diphtheria		16		1	
Disease of the heart	16		Rickets	200	١.
" " liver	13	1 3	Septicæmia	1	
Dyspepsia			Sore mouth	1 .	
Dropsy of the brain		3		1 3	
Dysentery			Suffocation		
Effusion of the brain	(U.)		Suicide	1	
Embolism, cerebral	1.1	73	Syphilis	10	4
Epilepsy	1	I	Teething	1-12	1
Enlargement of the heart	4	I	Tetanus	1 3	1
Fatty degeneration of the	. 2	Acl:	Trismus neonatorum	2	1
heart			Tumor of the brain	1 2	1
Fever, malarial		11.2	Ulceration of the stomach	1 1	12
" puerperal	1		Uræmia	1 2	1 2
" scarlet		5	Whooping cough	1	2
" typhoid		15	TREADER SIN ASSURED TO	-	-
Gall stone		10	Total	276	184
Gangrene	1	1		1	
of the leg	( )	1		1	1.80

THE formal opening of the Polyclinic's new build-ing took place Thursday, April 2, 1891. The cere-monies embraced the unveiling of the tablet of the perpetual endowment fund of the Polyclinic Medical Society, by Thomas J. Mays, M.D., President of the Faculty; prayer, by Rev. I. L. Nicholson; formal transfer of building to the trustees, by Thomas S. K. Morton, M.D., chairman of the building committee; acceptance on behalf of trustees, Hon. Wm. N. Ashman; greetings from the University of Pennsylvania, J. William White, M.D.; the Jefferson Medical College, Theophilus Parvin, M.D.; the Medico-Chirurgical College, E. E. Montgomery, M.D.; the Women's Medical College, Frances Emily White, M.D. The Alice Fisher Memorial Ward was inaugurated by Mrs. R. D. Gillespie in an eloquent address, eulogizing the women who did such noble work for the Philadelphia Hospital, The building was formally declared open as a charitable and educational institution by Lieutenant Governor of Pennsylvania, Louis A. Watres, and benediction pronounced by Rev. Wm. H. Furness. A large number of the audience then inspected the building. The hospital will accommodate about 50 beds. Among those present were Drs. Roberts, Solis-Cohen, Wilson, Risley, Mills, Mays, etc., of the Polyclinic faculty; E. P. Davis, editor of the American Journal of the Medical Sciences; Clara Marshall, Mr. Blakiston, etc., etc.

A CURIOUS accident occurred at Judson, (Ark.) about a week ago. A physician, who was wearing a pair of celluloid cuffs, undertook to ste up the fire in his room, when the cuff the second hand to extinguish the flame, the other cuff caugh and both burned like tar or turpentine. A nephew, who we present, extinguished the fire by wrapping his coat firm about both arms, but not until the skin of both wrists at hands were terribly burned.

### A BACILLIAN REMONSTRANCE.

I AM only a minute bacillus, but I have some rights I main-

you doctors have long tried to kill us, but till now you have labored in vain.

Your savants must sagely declare that only the fittest sur-

Then why do you exercise care to keep your diseased ones alive ?

Cold science should scorn all affection. Why breed from a class so effete?

The law known as natural selection should make your consumptives our meat. We were the first settlers, I claim, and for ages have fed on

our frames fill the man with a microscope came and began war by call-

Our fathers were kept by your dads, and they fed them on whiskey and oils; Antiseptics and germicide fads were not given to add to their toils.

A few years ago from far France came a stinking cyclone

with a swoop, Which caused the bacillus to dance like an old-fashioned ship with a poop.

And now in a new-fangled way a German our good work

He will struggle or drown us, they say, with lymph worth two dollars a drop.

Till that man with a microscope came we wanted not victuals

and drink;

Now this struggle to cut off the same is very small business, I think.—Mike Robe.

THE Medico-Legal Society of New York held its April meeting at Hotel Buckingham, April 8. A paper was read by Dr. Wm. W. Ireland, of Scotland, entitled: Is Criminal Anthropology a Science?

Discussion followed on the paper of Mr. Albert Bache, entitled: Lunatics Real and Feigned.

ld-

rethe

the

nal K.

N.

yl-di-

00-

ite,

att-

ble

ng

nn-

he

mg

on,

ty;

The meetings are open to all persons interested in the science. Contributions to the library are solicited. Members desiring copies Medical Jurisprudence of In-ebriety, or series No. 1 Medico-Legal Papers, or wishing to enroll in the International Congress and receive the Bulletin, please notify the President. Subscribers to the groups of portraits at \$1.00, each size suitable for framing, will receive them if remittance is made. The new volume, Prize Essays, will be ready shortly; members desiring copies, please notify President or Secretary.

FRANKLIN R. HAINES, Ass't Sec'y.

FRAU GRLLY.—This wonderful woman has, for something like a score of years, taught on her own person the wonders of laryngoscopy. She allows her word cords to be painted with brushes; submits herself to intubation, also to the extraction of beads, bones, and other foreign bodies which she allows to fall into her larynx, the sinus pyriformis, etc., so that skill is acquired in these delicate operations. Also posterior rhinoscopy, and passing of catheters into the eustachian tubes can be learnt with and on her.

For all these operations, to which she will submit in the course of a lesson, she receives the sum of a florin (about 2s.), and will go from the rooms of one student into those of another. It may confidently be serted that this extraordinary woman has done more good in this world by the practical teaching of several generations of medical men than the writers of many books put together. A man who has never used what he could not learn elsewhere, and knowing his way he can at once profit by joining one of the many courses. This same Frau Gelly lent herself during the learn elsewhere in a short time what he can at once profit by joining one of the many courses. the last congress at Berlin, her stomach being illumiasted with an electric apparatus. Prof. Oser, in a private course on the modern treatment of stomach

complaints has also employed her to demonstrate lavage, etc. She has also shown her bladder with the electric endoscope.—Med. Press.

HEALTH OF NEW YORK STATE. - The reported mortality for February is very nearly the same as that of February, 1890, and about 1,200 greater than the average during this month for the past six years. There were 310 deaths per day, in January 308; the increase is in the Western districts of the State. The proportion of deaths from zymotic diseases is a little larger than that of January, being as 43 to 41 per day. The increase, which is moderate, is in scarlet fever and diarrhœal diseases. There has been reported from numerous localities throughout the State the prevalence during both February and January of winter diarrhoea, the mortality from it not being great, however. Of the 127 deaths from typhoid fever, 52 were reported from the Hudson Valley district, nearly all of them having occurred in Albany, Cohoes, Schenectady and West Troy, in the two former there being a large increase, the endemic having abated in the latter. The mortality from diphtheria continues to decrease. From acute respiratory diseases there was an increase from 57 per day in January to 60; the reports of six years show an usual increase from January through March; it is now in part due to the moderate prevalence in mild form during the month of epidemic influenza, which is reported as the cause of death from numerous localities; bulletins from Western States have shown its considerably earlier and more fatal prevalence. The deaths from con-sumption have not increased (as was the case a year ago) but rather have diminished. In the other groups of local diseases there is little variation. Mortality reports from 137 cities and large towns, having a total population of 4,300,000, give a death rate of 21.25 per 1,000 annually.

PANCROBILIN.—"In this direction, however, we have another 'new remedy' which has gradually engrafted itself into my good graces, which is becoming more and more permanent the longer I use it. This is what is known as 'pancrobilin' and it is a combination of pancreatin and bile, and placed upon the market in form of a liquid and a pill, of which two I consider the latter more preferable.

"In cases where there is a diminished quantity, or even an absence, of these natural products, especially the bile, resulting in the distressing complication of intestinal or duodenal indigestion, I have found this preparation of decided value by assisting the intestinal digestion until the normal functions of the liver and pancreas, but especially the former, could be established.

"In constipation attended with flatulence, the result of an inactive liver, I have found this remedy of great value, promptly relieving the flatulence, and producing natural colored stools of a normal consistency, in place of the pale ash-colored fæces, or the dry, hard scybala, of the chronic dys-

ash-colored faces, or the dry, hard scybala, or the chronic dyspeptic.

"After a careful trial of some three years in a variety of cases affected with constipation resulting from congestion of the liver, and in cases in which there is an atonic condition of the coats of the bowels resulting in intestinal indigestion, I am frank to say that I know of no two remedies that will give as prompt relief to these conditions as the ones under consideration.

"In the one class of cases the paragraphility appelles the in-

consideration.

"In the one class of cases the pancrobilin supplies the intestine with an artificial supply of bile and pancreatin, which digests the food that otherwise would not be digested, thus giving relief until the real difficulty with the liver can be overcome. In the other class of cases the casears sagradationes up the intestine, increases the secretions, which in turn facilitate digestion, and relieves the constipation."—Harvey Reed, in American Lancet.

THE INCOMSISTENT DOCTOR.—"See here, doctor, you told me to avoid any sudden excitement."
"So I did; it's likely to be fatal to you."
"Then why, sir, did you send your bill to me yesterday.

### HOW HE WON HIS SPURS.

### (A TALE OF THE NEAR FUTURE.)

He was but a young M.D., sir,

But his views were very free, sir,

And the use of the old-time methods, he could never, never see, sir.

None could write prescriptions faster,

From eye water to corn plaster,

And he drove a beast so fast that not an animal went past her. He was called in consultation,

By a strange concatenation Of events which brought him forward to old Dosem's consternation.

'Twas a case of amputation;

With professional elation, He said: "'Twill give me pleasure to perform this operation." Though a frown the rest were wearing,

Yet they stood stock still and staring,

At this cheeky young physician's supreme confidence and

daring.
For these M.D's., full of learning,

Had tried dosing, splints and burning,
When every one within his heart for surgeon's knives was yearning.

With battery electric,
And some movements quite eccentric
(He bossed the job by very force of push most monumentric),
He had the leg off quickly,
While old D—protested thickly.
"I really feel that this partakes of quackery, Dr. Trickleigh."
Then uprose young M.D's. dander,
And he shouted: "You old gander!
You kill patients and save time, but I kill"—
his voice grew holder.

his voice grew bolder.

"Now kill these nerves, you know, sir, And fit this electrode so, sir,

And the man's in touch with all electro-nature that can growsir,

Now by laws of the profession,
This young M.D's., base transgression
Of etiquette should have resulted in his retrogression;

But so strange are human creatures,

That he's now one of the features In the College of Physicians,—chief of electric teachers -Pharmaceutical Era.

PLACENTA PREVIA.—In a case of Placenta Prævia, with terrific flooding, when the Fluid Extract of Ergot could not be retained on the stomach, "Ergotole"—a most concentrated and efficient preparation of Ergot, manufactured by Sharp & Dohme of Baltimore, Md.—was used with the greatest satisfaction, and I am particularly pleased with it. I administered ten minims hypodermically, and it acted magically. I think that the profession should be made acquainted with its valvable properties, as I consider it the duty of every physician to do all in his power to make known a remedy which he has seen save human lives, as the "Ergotole" certainly did in this frightful case of flooding. I have used it in other cases when the fluid extract could not be retained by the stomach, and I regard it as a most valuable addition to the science of Therapeutics.

I think no physician should be without "Ergotole," it is the most satisfactory preparation I have ever used in a prac-tice of more than forty-two years.

WM. E. WYSHAM, M.D., Catonsville, Baltimore Co., Md.

### TO CONTRIBUTORS AND CORRSEPONDENTS.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

when of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

## ARMY, NAVY AND MARINE HOSPITAL SERVICE

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U.S. Army, from March 22, to April 4, 1891.

War Department, Washington, D. C., April 1, 1891. By di-rection of the President the following named officers are de-tailed for duty under the Intercontinental Railway Commission, appointed under a provision in the Act of Congres, approved July 14, 1890, for the purpose of making "a preliminary survey for information in respect of a continental railway, recommended by the International American Conferway, recommended by the International American Conference," and they will report in person to the Commission in this city accordingly: Captain Edgar L. Steever, Third Cavalry; First Lieutenant Stephen M. Foote, Fourth Artillery; First Lieutenant Lyman W. V. Kennon, Sixth Cavalry; First Lieutenant Lyman W. V. Kennon, Sixth Cavalry; First Lieutenant Andrew S. Rowan, Ninth Infantry; Second Lieutenant Samuel Reber, Fourth Cavalry; Second Lieutenant Charles A. Hedekin, Third Cavalry; Captain William C. Shannon, Assistant-Surgeon U. S. Army, for duty as medical officer of the party to which he may be attached. Par. 9, S. O. 73, Headquarters of the Army, A. G. O., Washington, D.C., April I, 1891.

Major David L. Huntington, Surgeon, on being relieved by

O. 73, Headquarters of the Army, A. G. O., Washington, D.C., April I, 1891.

Major David L. Huntington, Surgeon, on being relieved by Captain Henry G. Burton, Assistant-Surgeon, from duty at San Diego Barracks, Cal., will report in person to the commanding officer at St. Francis Barracks, St. Augustine, Florida, for duty at that post, reporting by letter to the commanding general, Division of the Atlantic. Par. 5, S. O. 71, Headquarters of the Army, A. G. O., March 30, 1891.

Captain Henry G. Bunton, Assistant-Surgeon, now at San Diego, Cal., on sick leave of absence, is relieved from further duty at Vancouvre Barracks, Washington, and will report in person to the commanding officer San Diego Barracks, California, for duty at that post, relieving Major David L. Huntington, Surgeon, and reporting by letter to the commanding general, Department of Arizona. Par. 5, S. O. 71, Headquarters of the Army, A. G. O., March 30, 1891.

By direction of the acting Secretary of War, Major Joseph B. Girard, Surgeon, is relieved from duty at Fort Lowell, Arizona, to take effect upon the withdrawl of the troops from that post, and will report in person to the commanding officer Alcatraz Island, California, for duty at that station, reporting by letter to the commanding general, Department of California. Par. 5, S. O. 70, Headquarters of the Army, A. G. O., Washington, March 28, 1891.

By direction of the acting Secretary of War, First Lieutenant Eugene L. Swift, Assistant-Surgeon, now on duty at Fort Thomas, Arizona, will report by letter to the commanding

ant Eugene L. Swift, Assistant-Surgeon, now on duty at Fort Thomas, Arizona, will report by letter to the commanding officer, Fort Grant, Arizona, for duty at that station, or at Fort Thomas, Arizona, as the commanding officer may di-rect. Par. 7, S. O. 66, A. G. O., Washington, D.C., March 24, 1891.

### RETIREMENT.

By direction of the acting Secretary of War, the retirement from active service this date, by operation of law, of Captain Henry Johnson, Medical Storekeeper, under the provisions of the act of Congress approved June 30, 1882, is announced Par. 5, S. O. 66, Headquarters of the Army, A. G. O., Wash-ington, March 24, 1891.

Changes in the Medical Corps of the U.S. Navy for the west ending April 4, 1891.

STEPHENSON, F. B., Surgeon. Ordered to the U. S. S. "Marion."

MARION.

BERRYHILL, T. B., Passed Assistant-Surgeon. Ordered to the U. S. S. "Marion."

WHITE, C. H., Medical Inspector. Ordered to the U. S. S. "Baltimore."

CLARK, J. H., Medical Inspector. Ordered to the U. S. S. San Francisco. HOEHLING, A. A., Medical Inspector. Detached from President of Naval Examining Board.

Promoted to CRANDALL, RAUD P., Assistant-Surgeon.
Passed Assistant-Surgeon, February, 27, 1891.

BROWNELL, CARL DEWOLF, of Bristol, R. I., commissioned an Assistant-Surgeon in the Navy, April 1, 1891.

# BUFFALO LITHIA WATER

IN BRIGHT'S DISEASE, OF THE KIDNEYS, THE GOUTY DIATHESIS, ETC., ETC.

DE. WM. A. HAMMOND, of Washington, D. C., Surgeon-General U. S. Army (retired), Professor of Diseases of the Mind and Nervous System in the University of New York, etc. :

"I have for some time made use of the BUFFALO LITHIA WATER in cases of AFFECTIONS of the NERVOUS SYSTEM, complicated with BRIGHT'S DISEASE OF THE KIDNEYS or with a GOUTY DIATHESIS. The results have been eminently satisfactory. Lithia has for many years been a favorite remedy with me in like cases, but the BUFFALO WATER CERTAINLY ACTS BETTER THAN ANY EXTEMPORANEOUS SOLUTION of THE LITHIA SALTS, and is, moreover, better borne by the stomach. I also often prescribe it in those cases of CEREBRAL HYPERÆMIA resulting from OVER MENTAL WORK—in which the condition called NERVOUS DYSPEPSIA exists—and generally with MARKED BERFIT."

HUNTER MCGUIRE, M.D., L.L.D., late Professor of Surgery, Medical College of Virginia, Richmond:

"BUFFALO LITHIA WATER, Spring No. 2, as an ALKALINE DIURETIC is invaluable. In
URIC ACID GRAVEL, and, indeed, in diseases generally dependent upon a URIC ACID DIATHESIS,
it is a remedy of EXTRAORDINARY POTENCY. I have prescribed it in cases of Rheumatic Gout,
which had resisted the ordinary remedies, with wonderfully good results. I HAVE USED IT ALSO IN MY
OWN CASE, BEING A GREAT SUFFERER FROM THIS MALADY, AND HAVE DERIVED
MORE BENEFIT FROM IT THAN FROM ANY OTHER REMEDY."

DR. HENRY M. WILSON, of Baltimore, Ex-President Medical and Chirurgical Faculty of Maryland.

"My experience in the use of the BUFFALO LITHIA WATER has not been large, but it is of such a positive character that I do not hesitate to express my preference for it, as a DIURETIC in URINARY CALCULI, over all other-waters that I have ever used."

Water, in Cases of One Dozen Half-gallon Bottles, \$5.00, f. o. b. here.

THOMAS F. COODE. Proprietor. Buffalo Lithia Springs. Va.



icers

mis ress, railon in Caylery; First nant n C

dical 9, S. D.C., d by ty at Florlead-

ther rt in Caliuntding

uar-

from ficer ting Cali-

. O.,

ten-

ding

r at

. 8. d to

3. 8. 3. 8. rom

1 to

## CH. MARCHAND'S

# PEROXIDE OF HYDROGEN,

(MEDICINAL) H.O.

(ABSOLUTELY HARMLESS.)

Is rapidly growing in favor with the medical profession. It is the most powerful antisoptic known, almost tasteless, and ederloss. Can be taken internally or applied externally with perfect safety. Its carative properties are positive, and its strength and purity can always be relied upon. This remedy is not a Restrain.

A REMEDY FOR

DIPHTHERIA; CROUP; SORE THROAT, AND ALL IMPLANMATORY DISEASES OF THE THROAT,

OPINION OF THE PROFESSION.

". On account of their poisonous or irritant nature the stive germicides have a utility limited particularly to surface or spen wound applications, and their free use in reaching diphthetitic firmations in the mouth or throat, particularly in children, is, unfortunately, not within the range of systematic treatment. In Percaide of Hydrogen, however, it is confidently believed will be found, if not a specific, at least the most efficient topical agent in destroying the contagious element and limiting the spread of its formation, and at the same time a remedy which may be employed in the most thorough manner without dread of producing any vicious constitutional effect.

"In all the cases treated (at the Metaparities."

and secretions, so as to thoroughly change their character and reactions instantly. The few physicians who have used it in such diseases as diphtheria, sourlaina, smallpox, and upon all diseased surfaces, whether of skin or mucous membrane, have uniformly spoken well of its of ar as this writer knows, and perhaps the reason why it is not more used is that it is so little known and its nature anaction so little understood.

"Now, if diphtheria be at first a local disease, and be auto-infectious; that is, if it be propagated to the general organism by a contagious virus located about the tonsis, and if this virus be, as it really is, an albuminoid substance, it may and will be destroyed by this agent upon a sufficient and a sufficiently repeated centact.

"A child's nostrile, pharynx and mouth may be flooded every two or three hours, or oftener, from a proper spray apparatus with a two volume solution without force, and with very little discomfort; and any solution which finds its way into the larynx or stomach is beneficial rather than harmful, and thus the effect of corrosive sublimate is obtained without its risks or dangers.

"A runter of Ferrities of Hydrogus, and ene who supplies it is all parts of the country.

thorough manner without dread or producing any viscositional effect.

"In all the cases treated (at the Metropolitan Throat Hospital), a fresh, standard Marchand preparation of fifteen volumes was that on which the experience of the writer has been based.

"In all the cases treated (at the Metropolitan Throat Hospital), a fresh, standard Marchand preparation of fifteen volumes was that on which the experience of the writer has been based.

"In the experience of the writer has been based.

"In the Red Squibb, of Brooklyn, writes as follows in an article headed "On the Medical Uses of Hydrogen Peroxide" (Gettlard's Medical Association, February 1, 1893;
"Throughout the dissoussion upon diphther's very little has been aid of the use of the Peroxide of Hydrogen, or hydrogen dioxide; yet it is perhaps the most powerful of all disinfectants and antiseption, and the standard properties of Hydrogen, or hydrogen dioxide; yet it is perhaps the most powerful of all disinfectants and antisepties, and the standard properties of Hydrogen, or hydrogen dioxide; yet it is perhaps the most powerful of all disinfectants and antisepties, and the properties of Hydrogen, or hydrogen dioxide; yet it is perhaps the most powerful of all disinfectants and antisepties, and the standard properties of Hydrogen, or hydrogen dioxide; yet it is perhaps the most powerful of all disinfectants and antisepties.

"All TION—By specifying in year general properties of Hydrogen (In dictional)," which is seld only it is all parts of the subject of Hydrogen and the standard properties of Hydrogen and the subject of Hydrogen Peroxide of Hydr

A book containing full explanations concerning the therapeutical applications of both On. MARCHARD'S PERCENDS OF HYDROGENS (Medicinal) and GLYCOSONE, with opinions of the protession, will be mailed to physicians free of charge on application.

Mention this publication.

ALL BY LEADING DRUGGISTS. Chemist and Graduats of the "Ecole Contrals des Arts et Manufactures de Pures" (Fra

Laboratory. 10 West Fourth Street, New York.

AW GOO. New York, Sole West York Wholesale Agents.



# Notes and Items.

DR. KILLEM: "Did the medicine I sent your husband cause him to rest easy?"

Mrs. Widderweeds (sadly): "Yes, unless the medical students have disturbed him."

"HERR," said a physician who was attending a man who had been run down by a team, "what stuff is that you've brought? Bibb's nerve tonic? We want whiskey, not some

"Well," said the diligent newspaper reader, who had pro-cured the restorative, "Bibbs' nerve tonic is advertised to cure that 'run down feeling' and so I"— But the doctor was painting the air blue.—St. Joseph News.

Dr. Nostrum (to caller): "Yes, sir. Our testimonials are entirely voluntary. They are merely the out-pouring of grat-itude for health restored."

Office Boy: "Man here to see you, sir."
Dr. Nostrum: "What does he want?"
Office Boy: "He wants that \$10.00 for the last batch of testimonials he wrote, and says he's tired of calling around for his money."

### A HINT TO THE WISE.

was never There A time like now, cut poets When Such pranks, I vow.

soul my fill They With lively pain. quite muddle And My tired old brain.

will druggists If Unto them sell quinine for Morph.
I'll never tell.

-Pharmaceutical Era.

# ATCHE

An inquiry for a cheap but really reliable watch. for the use of physicians, has resulted in the following

# SPECIAL OFFERS

1. An American Movement: stem-winder and setter,

- 2. A similar watch, with better movement: Elgin or Waltham; nickel case, stem-winder and setter, \$2.00 With Times and Register. . . . . . . . . . . 10.00

This is the best value we can give.

The sweep-second is of great value, as the pulse can be taken so much more easily than with the ordinary small second hand.

These are all open-face. The movements are so good that the purchaser will be surprised at receiving so good an article for so little money.

If any of them prove unsatisfactory, will take them back and refund the money within a reasonable time.

THE MEDICAL PRESS COMPANY, LIMITED,

SUBSCRIPTION DEPARTMENT.

1725 Arch St., Phila., Pa.

# GARDNER'S SYRUP OF HYDRIODIC

This is the original preparation of Syrup of Hydriodic Acid, first brought to the attention of the medical world in 1878 by R. W. Gardner, the use of which has established the reputation of Hydriodic Acid as a remedy.

Numerous imitations, prepared in a different manner, and not of the same strength, and from which the same therapeutic effects not be obtained, are sold and substituted where this Syrup is ordered.

Physicians are cautioned against this fraud. The seventh edition of Gardner's pamphlet, issued in October, 1889, containing seventy pages of matter devoted to this preparation, its origin, chemical characteristics, indications, doses and details of treatment, will be forwarded to any physician upon application free of charge.

# CHEMICALLY PURE SYRUPS OF HYPOPHO

Embracing the separate Syrups of Lime, of Soda, of Potassa, of Manganese, and an Elixir of the Quinia Salt; enabling Physicism to accurately follow Dr. Churchill's methods, by which thousands of authenticated cases of Phthisis have been cured. The only salt, however, used by Dr. Churchill in Phthisis, are those of Lime, of Soda and of Quinia, and always separately, according to indications,

however, used by Dr. Churchill in Phthisis, are those of Lime, or sods and or Quinia, and always separately, accounts and pathological action of the different bases, injurious and pathological action of Iron, Potassa, Manganese, etc., in this disease.

These facts have been demonstrated by thirty years' clinical experience in the treatment of this disease exclusively, by Dr. Churchill, who was the first to apply these remedies in medical practice. Modified doses are also required in this disease; seven grains during twenty-four hours being the maximum dose in cases of Phthisis, because of increased susceptibility of the patient to their astion, the danger of producing toxic symptoms (as hemorrhage, rapid softening of tubercular deposit, etc.), and the necessity that time he allowed the various functions to recuperate, simultaneously, over-stimulation, by pushing the remedy, resulting in crisis and disease.

A pamphlet of sixty-four pages, devoted to a full explanation of these details and others, such as contra-indicated remedies, indicated for the use of each hypophosphite, reasons for the use of ABSOLUTELY FURE Salts, protected in Syrup from oxidation, etc., mailed to Physicians without charge, upon application to

# R. W. CARDNER, 158 William St., New York City.

W. H. SCHIEFFELIN & CO., New York, Sole Wholesale Agents.

# Maline

\$5.00 7.00

\$9.00 II.00

pulse ne or-

them ime.

ica-

ascara Sagrada Peristalsis Re-established and Permanently Maintained.

Rendered Palatable by Combining the "Bitter with the Sweet."

It is Especially Indicated in Constipation of Pregnancy.

No θriping; No Nausea; nor any Distressing Re-action.

The System Nourished by Tonic Properties of Maltine.

The Ideal Laxative for Children.

# STALLS.

WALTINE, the base of this Preparation, is a Powerful Reconstructive, while the base of "Syrups of Hypophosphites," being a Solution of Cane Sugar, is inert.

By the Diastasic Action of Maltine, the Farinaceous Foods are converted into Soluble Form, General Digestion is Stimulated, and the Salts of Lime, Soda and Iron are readily assimilated.

JOHN A. WYLTH, M.D., Secretary of the Pacult

Jaline Jypophosphiles

Upon application we will send to any physician, who will pay express charges, a case containing an eight ounce bottle of each of the above preparations; also, descriptive card of MALTINE and its eight compounds with their formulæ.

THE MALTINE MANUFACTURING CO.

with the way the court and all and all the standard of the work only

PLEASE MENTION THIS JOURNAL

19 WARREN STREET, NEW YORK-

and Fermananil

AND

# HOSPITA

A Clinical School for Graduates in Medicine and Surgery.

### DIRECTORS.

PROP. FORDYCE BARKER, M.D., I.L.D.
THOMAS ADDIS EMMET, M.D., I.L.D.
PROP. T. GAILLARD THOMAS, M.D.
PROP. ALFRED L. LOOMIS, M.D., I.L.D.
LEONARD WEBER, M.D.
BOS. EVERETT P. WHEELER.

H. DORMITZER, Esq.
JULIUS HAMMERSLAUGH, Esq.
HOM. B. F. TRACY,
CHARLES COUDERT, Esq.
REV. THOMAS ARMITAGE, D.D.
W. A. BUTLER, ESq.

WILLIAM T. WARDWELL, Reg. GEORGE B. GRINNELL, Esq. How. Horace Russell. Francis R. Rives, Esq. Samuel, Riker, Esq.

### FACULTY.

System Nourished by Traic Properties

JAMES R. LEAMING, M.D., Emeritus-Professor of Diseases of the Chest and Physical Diagnosis; Special Consulting Physician in Chest Diseases to St. Luke's Hospital.

EDWARD B. BEONSON, M.D., Professor of Dermatologist to Bellevue Hospital (Out-door-Department).

A. G. GERSTER, M.D., Professor of Surgery; Visiting Surgeon to the German and Mt. Sinai Hospitals.

V. P. GIBNEY, M.D., Professor of Orthopsedic Surgery; Orthopsedic Surgeon to the Nursery and Child's Hospital; Surgeon-in-Chief to the Hospital for Ruptured and Crippled.

LANDON CARTER GRAY, M.D., Professor of Diseases of the Mind and Mervous System; Attending Physician to Hospital for Nervous and Mental Diseases, and to St. Mary's Hospital.

MIL, GRUENING, M.D., Professor of Ophthalmology; Visiting Ophthalmologist to Mt. Sinai Hospital, and to the German Hospital.

PAUL, F. MUNDE, M.D., Professor of Gynecology; Gynecologist to Mt. Sinai Hospital; Consulting Gynecologist to St. Rilzabeth's Hospital.

A. E. ROBINSON, M.B., L.R. C.P. and S. (Edin.), Professor of Dermatology; Professor of Normal and Pathological Histology in the Women's Medical College.

AVID WEBSTER, M.D., Professor of Surgery; Visiting Surgeon to the Manhattan Eye and Har Hospital.

90 HN A. WYETH, M.D., Professor of Surgery; Visiting Surgeon to Mt. Sinai Hospital; Consulting Surgeon to St. Elizabeth's Hospital; Secretary of the Faculty.

GILL, WYLLE, M.D., Professor of Gynecology; Gynecologist to Bellevue Hospital; Attending Physician to the Worthwestern Dispensary, Department of Chest Diseases.

19 WARREN STREET

D. BRYSON DRLAVAN, M.D., Professor of Laryngology and Rhise logy; Laryngologist to the Demilt Dispensary.

JOSHPH WILLIAM GLEITSMANN, M.D., Professor of Laryngology and Rhinology; Laryngologist and Otologist to the German Dispensary.

OREN D. POMEROY, M.D., Professor of Otology; Surgeon Manhatian Eye and Bar Hospital; Ophthalmic Surgeon New York Infant Aylum, and Consulting Surgeon to the Paterson Eye and Bar Infants, HENRY N. HEINEMAN, M.D., Professor of General Medicine and Becases of the Chest; Attending Physician to Mt. Sinal Hospital.

THOMAS R. POOLEY, M.D., Professor of Ophthalmology; Surgeon to the Sheltering Arms; Consulting Ophthalmology; Burgeon to the Sheltering Arms; Consulting Ophthalmologist to St. Bartholomew's Hospital.

B. SACHS, M.D., Professor of Neurology; Consulting Neurologist to St. Monteflore Home for Chronic Invalids.

L. HMMETT HOLT, M.D., Professor of Diseases of Children; Visiting Physician to the New York Infant Asylum; Consulting Physician to the Children's Department of the German Dispensary.

H. MARION SIMS, M.D., Professor of Opiseases of Children; Physicia to the Children's Department of the German Dispensary.

H. MARION SIMS, M.D., Professor of Gynecology; Gynecologist to M. Elizabeth's Hospital and New York Infant Asylum.

KILLIAM F. FLUHRER, M.D., Professor of Genito-Urinary Surgests to Mt. Sinai and Bellevue Hospitals.

HENRY C. COE, M.D., M.R.C.S. (Eng.), Professor of Gynecology; at tending Surgeon to New York Cancer Hospital; Assistant Surgeon to Woman's Hospital; Obstetric Surgeon to Material; Dosetric Surgeon to Material; Dosetrician to New York Infant Asylum; Gynecologist to Presbyterian Hopital (Out-door-Department).

REGULAR SESSION OF 1890-91, OPENED SEPTEMBER 15, 1890.

For further information and for catalogue, address

MEW YORK

JOHN A. WYETH, M.D., Secretary of the Faculty

# REFRESHING SLI

Can be obtained for your patient, by administering

R. Bromidia (Battle) I ounce. Papine (Battle) I ounce.

Mix. Sig.—One teaspoonful, repeated as required.

The above formula is largely used by European and American Physicians, and UNIVERSALLY gives entire -satisfaction, when the Genuine Products of the Laboratory of the well-known House of Battle & Co. are used.

## WALNUT LODGE HOSPITAL

Hartford, Conn.
Organised in 1880 for the special medical treatment of ALCOHOL AND OPIUM INEBRIATES.

pastly situated in the suburbs of the city, with every appointment pliance for the treatment of this class of cases, including Turkish, a, Roman, Saline and Medicated Baths. Each case comes under the stan, Norman, Saune and Medicated Sauns. Facin case comes under the steperonal care of the physician. Experience shows that a large pro-tion of these cases are curable, and all are benefited by the application much hygienic and scientific measures. This institution is founded he well-recognized fact that Inchriety is a disease, and curable, and these cases require rest, change of thought and living, in the best surings, together with every means known to science and experience ag about this result. Only a limited number of cases is received ations and all inquiries should be addressed

T. D. CROTHERS, M.D., Sup't Walnut Lodge, Hartford, Conn.



### REVOLUTION.

ar the news sinead Anigibian ent

describer College ADW B MARIE 200 1

No more destruction of leather loops or spilling of remedies. Metal Springs used instead of loops, with flanges at the head of the orks. The durability of Medicine Cases ten times that of the old way. Can be used on nearly all our buggy and hand cases, of which we make part. supr. 2, '90. over 100 different patterns. Send for full description and catalogue.

Western Leather Mig. Co. 181 & 168 Fifth Ave., Chicago.

C. J. ADAMS. Israel G. Adams & Co., (cal Estate & Insurance Agents M Atlantic Avenue, below Michigan, Atlantic City, N. J.

TELEPHONE No. 71, LOCK BOX, 52.

Read the

advertisement

on page ix.

SUPERIOR

Electro-Medical Apparatus.

Highest awards wherever ex-hibited in competition.

SEND FOR Riectro-Allotropie Physiology, mailed free if you mention The Times and Register.

JEROME KIDDER MFG. CO., 820 Broadway, N. Y.

Liberal discount to Physicians.

Alcohol and Opium Cases.

TY.

rivate Apartments in the homes physicians but one case in each) a every convenience, and all dem appliances for treatment. Its privacy guaranteed. Skilled midnes. Address,

WILLIAM F. WAUGH, M. D., Arch St., Philadelphia, I

### PRIVATE SANITARIUM.

For Medical and Surgical Treatment of Diseases of Women. DR. E. E. MONTGOMERY.

1818 Arch St., Phila

PHYSICIANS:

Are you in need of anything, if so THE PHYSICIANS SUPPLY CC

# SYR. HYPOPHOS. CO., FELLOWS

Contains the Essential Elements of the Animal Organization-Potash and Lime;

The Oxidising Agents—Iron and Manganese;

The Tonics-Quinine and Strychnine;

And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup with a Slightly Alkaline Reaction.

It Differs in its Effects from all Analogous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; hence the preparation is of great value in the treatment of mental and nervous affections. From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

# NOTICE-CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, finds that no two of them are identical, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, in the property of retaining the strychnine in solution, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. Fellows."

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

Medical Letters may be addressed to:

Mr. FELLOWS, 48 Vesey Street, New York.

# SULFONAL-BAYER.

# A CORRECT METHOD OF ADMINISTRATION,

th a

oper-

onic nuch

cans

1 it

150, ndi-

to

he of

10

he to

11-

(.

# ESSENTIAL TO OBTAINING ITS HYPNOTIC EFFECT.

Inquiries have been made of us from time to time as to the best method of administering Sulfonal-Bayer. These inquiries indicate that various methods of administration have been employed, and this without doubt accounts for those cases where the results obtained were not wholly satisfactory. We call special attention to the following:

"Clinically observed, we recognize in Sulfonal a mild calmative, a slowly but progressively active hypnotic. It has no other action, and its operation is attended by no computations, near or remote. It is therefore a

notic. It has no other action, and its operation is attended by no complications, near or remote. It is therefore a pure hypnotic."

"The essential conditions of success in the exhibition of Sulfonal depend on first, the time when the remedy thould be administered; second, the method of administration; third, the done,"

"It is a fact, perhaps wholly unprecedented in what we observe of other neurotic materials, that Sulfonal demends from two hours to one hour for its physiological incubation; often quite two hours clapse between ingestion and the first accession of sensible medicinal energy. With the untried subject it is wise to stipulate for two hour."

-[Extracts from articles by Prop. H. M. Field, New England Medical Monthly; Therapeutic Gasette.]

According to the experience of Prof. A. Kast, of Friedurg University, Sulfonal-Bayer should be administered in a plate of soup, a cup of hot tea, milk or broth, at least two hours before retiring, or with the last meal early in the evening, between 7 and 8 P.M., at which time the stomach contains considerable amount of muriatic acid, minerat sults and peptones, and the most favorable conditions for the rapid absorption are satisfied.

Sulfonal has just been incorporated into the Addendum to the British Pharmaconceia.

Sulfonal-Bayer, prepared by the Farbenfabriken, formerly Friedr. Bayer & Co.. Elberfeld, is supplied by us in ounces, and in the form of tablets of 5, 10 and 15 grains, put up in bottles of 10 and 100 tablets each.

We also offer Sulfonal-Bayer in the form of our soluble pills, containing 5 grains each.

# ARISTOL

In order to secure the desired effects of Aristol, it is important that the physician be certain that the article used hars the guarantee furnished by the continuous scientific control and the name of the manufacturer, the "Farben-fabriken, vormals Frieds. Bayer & Co., in Elberfeld." This firm are the only manufacturers of this article, and the word "Aristol" is their registered property.

The preparation of Aristol, theoretically simple, involves the greatest care and experience.

Aristol, a combination of iodine and thymol, manufactured by the Farbentabriken, formerly Frieds. Bayer &

Co., Elberfeld, Germany, is a valuable, inodorous, and non-toxic antiseptic remedy, superior to iodoform, iodole and sozo-iodole.

The general specific action of Aristol is similar to that of iodoform, iodole, and the sozo-iodole compounds, but in addition it has the valuable property of forming an absolutely unirritant covering over the surfaces on which it is placed, under which the processes of granulation and cicatrization proceed with extraordinary rapidity.

Aristol is indicated in Mycosis, Lupus, Psoriasis, Syphilitic diseases generally, etc., etc.

Descriptive pamphlet mailed on application.

# PHENACETINE-BAYER

# Antineuralgic-Antipyretic.

Much valuable testimony regarding Phenacetine, furnished by the medical profession of other countries as well our own, has, from time to time, been collated by us, and the same has been put before American practitioners. The scope of Phenacetine having widened, we have brought together in pamphlet form, classified in respect to seases indicated, the results of the latest experience as reported chiefly by American physicians. This pamphlet mailed to applicants.

W. H. Schieffelin & Co., 170 & 172 William Str. IA "This is an Age of Apollinaris Water."—Walter Besant.

# Apollinaris

# "THE QUEEN OF TABLE WATERS."

- "Familiar in millions of mouths as any household word.
- "The popularity of Apollinaris Water is chiefly due to its irreproachable character.
  - "More wholesome than any aerated water which art can supply."

THE TIMES, LONDON.

"Of late years the Queen, by the advice of Sir William Jenner, has usually taken Apollinaris Water."

THE WORLD, LONDON.

# The Best Natural Aperient.

THE APOLLINARIS OMPANY, Limited, London, beg to announce that, as numerous Aperient Waters are offered to the public under names of which the word "Hunyadi" forms part, they have now adopted an additional Label comprising their registering Trade Mark of selection, which consists of

# A Red Diamond.

This Label will henceforth also serve to distinguish the Hungarian Aperient Water sold by the Company from all other Aperient Waters.

DEMAND THE



DIAMOND MARK

And insist upon receiving the Hungarian Aberient Water of the APOLLINARIS COMPANY, Limited, London.